



## Ebenezer Christian Reformed Church

### Friendship Ministry Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving Friendship Members while in the care of Ebenezer CRC. Any medical information collected here serves to authorize Ebenezer CRC, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Friendship Member or their Parent / Caregiver. The safety of our Friendship Members is our primary concern. Precautions will be taken for their well-being and protection.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_ Health Card # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

***In case of an emergency, contact*** \_\_\_\_\_ # \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Caregiver Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Do you have any health, diet, or behavioural conditions we should know about that may have an impact on our group?

\_\_\_\_\_  
 \_\_\_\_\_

Activities you enjoy \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Specify your recommended method of dealing with any identified behaviour problem.

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Drafted September 2025

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Do you bring any medication with you to Friendship?

☐ Yes ☐ No

If yes, please list. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize Ebenezer CRC Friendship Ministry Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for this Friendship Member in case of emergency.

I undertake and agree to indemnify and hold harmless Ebenezer CRC Friendship Ministry Personnel, Ebenezer CRC, and its leaders from and against any loss, damage or injury suffered as a result of being part of the activities of Ebenezer CRC, as well as of any medical treatment authorized by the supervising individuals representing Ebenezer CRC. This consent and authorization is effective only when participating in or traveling to events sponsored by Ebenezer Christian Reformed Church.

### Photos

Please sign below to grant permission for the reasonable use of pictures or video containing this individual's image in one or more of the following ways:

☐ Ebenezer CRC Church Friendship Service Slideshow

☐ No use of this individual's image

### Purposes and Extent

Ebenezer Christian Reformed Church is collecting and retaining this personal information for the purpose of enrolling this individual in our programs, to develop and nurture ongoing relationships with this individual, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Ebenezer Christian Reformed Church to limit the information collected, or to view your information, please contact us.

I have read, understood and agree with above and sign it to cover all Friendship Ministry activities for the program year 2023 / 2024. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

Friendship Member's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian's Signature (if required) \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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