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 # _____

Email _____

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.

_____

_____

_____

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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 Friendship Slideshow & Bulletin Board ❑ No use of this individual's image
❑ Shared with Friendship Ministries Canada

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 2026 / 2027. 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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