

Youth Ministry Authorization and Consent Form

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Tisdale Alliance Church. Any medical information collected here serves to authorize Tisdale Alliance Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Student's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Parents' Work Number: _____

Health Card Number: _____

Family Doctor: _____ Phone Number: _____

Allergies: _____

In case of an emergency, contact: _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? Yes No

If yes, please explain: _____

Is your child bringing any medication with him/her, or currently taking any medication? Yes No

If yes, please list: _____

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

I/We, the parents or guardians named below, authorize Pastor Luke Bergmann, or one of the Tisdale Alliance Church Youth Ministry Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for the participant named above.

I/We, named below, undertake and agree to indemnify and hold harmless Ministry Personnel, Tisdale Alliance Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Tisdale Alliance Church, as well as any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or travelling to events sponsored by the Tisdale Alliance Church.

Photos

Please initial beside the category to grant permission for the reasonable use of pictures containing your child in any the following ways:

____ Brochures/Promotional material

____ Within the church

____ Church website/Facebook page

____ Newsletters

Purposes and Extent

Tisdale Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, 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 Tisdale Alliance Church to limit the information collected, or to view your child's information, please contact us.

Parent/Guardian Agreement

I have read, understood, and agree with above and sign it to cover all Student Ministry activities for the program year effective as stated below.

Parents'/Guardian Signature: _____

Printed Name: _____ Date: _____

Effective from date signed through to August 31, 20____ (end of current ministry year)