

AUTHORIZATION FOR COMMUNICATION & MEDICAL CONSENT FORM

Boys Brigade & Girls Club

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

Student Name: _____ Birthdate: _____

Address: _____ PC: _____

Parent/Guardian Name(s): _____

Parent/Guardian Work Number (s) : _____

Parent/Guardian e-mail (s): _____

Child Allergies: _____

Does your child have any life-threatening allergies? YES ____ NO ____

If yes, please explain: _____

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin) YES__ NO __

If yes, please explain: _____

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? YES ____ NO ____

If yes, please explain: _____

In case of an emergency, **after trying parents**, who can we contact: _____

Relationship: _____ Phone _____

The safety of your child is our primary concern. Precautions are taken for the safety and health of your child. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

I/we, the parents or guardians named above, authorize one of the Wainfleet Be in Christ Church Ministry Staff or Volunteers to sign 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 above, undertake and agree to indemnify and hold blameless the Pastors, the Ministry Staff, Wainfleet Be in Christ Church, its Pastors and Church Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Wainfleet Be in Christ Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Wainfleet Be in Christ Church. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Photos

Can we use of pictures containing your child in any or all of the following ways? YES _____ NO _____

Brochures/Promotional material, Website/Facebook Page, Church, Newsletters

Boys Brigade & Girls Club Activities

Parent/Guardian;

I have read, understood and agree with the above and sign it to cover all the Boys brigade & Girls Club activities at the Church location - 53007 Perry Road Wainfleet - for the program year Fall 2023-Spring 2024.

Signature: _____

Printed Name: _____ Date: _____

Purpose and Extent:

Wainfleet Be in Christ 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 Wainfleet Be in Christ Church to limit the information collected, or to view your child's information, please contact us.