

CSB WAINFLEET

CONSENT FORM

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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 on the next page, authorize one of the Wainfleet Be in Christ Church Ministry Staff or Volunteers to sign consent for the medical treatment and to authorize any physician or hospital to provide medical assessment treatment or procedures for the participant on the next page.

I/we named on the next page, 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 pictures containing your child in any or all of the following ☐ Yes ☐ No
ways?

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

We utilize a woodworking shop with tools such as bandsaws, sanders, scroll saws, dremels, orbital sanders and various hand tools like hammers, screwdrivers and pliers. The safety of your child is our top priority. Rangers will closely supervise and train your child during the workshop period. Appropriate safety gear, such as safety goggles and hearing protection will be provided and worn at all times when operating power tools. Emergency procedures are in place to address any unforeseen situations. There are also tools such as the mitre saw and table saw where only the Rangers have permission to use them.

WORKSHOP

Does your child have permission to participate in the workshop ☐ Yes ☐ No
program?

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.

Thank you for your cooperation and support in providing this valuable learning opportunity for your child.

STUDENT INFORMATION

Full Name _____
Date of Birth ____ / ____ / ____
Home Address _____
City _____ Zip Code _____

CONTACT INFORMATION

Parent/Guardian Name _____
Home Phone _____ Work/Cell Phone _____
Email Address _____
Relationship to Student _____
In case of an emergency, **after trying above**, who can we contact?
Name _____
Relationship to Student _____ Phone _____

MEDICAL INFORMATION

Does your child have any life-threatening allergies? ☐ Yes ☐ No
If yes, please explain

Is your child bringing any medication? (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

Parent Signature

____ / ____ / ____