

AUTHORIZATION & MEDICAL CONSENT FORM AWANA – Ministry Year of 2017/2018

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

*****Please include a picture of your child/youth along with this form*****

In the case of custody agreements, please include the proper form authorizing parental contacts.

Name of child _____ Date of Birth _____

Male _____ Female _____ Grade in September _____

Address _____ Postal Code _____

Phone Number _____ Parents' Work Number _____

Cell phone number _____ e-mail _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our ministry personnel should be aware of? Yes No
If yes, please explain.

Is your child bringing any medication with him/her? Yes No
If yes, please list:

Parents'/Guardian Name _____

In case of an emergency, contact _____

Signature of Consent:

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 above, authorize the Port Perry Baptist Church 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 above, undertake and agree to indemnify and hold blameless the Ministry Personnel, Port Perry Baptist 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 Port Perry Baptist 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 Port Perry Baptist Church.

Ministry Activities

I have read, understood and agree with the above and **sign it to cover all ministry activities.**

Note: Ministry activities include but are not limited to:

- campfires
- gym games
- baking
- crafts
- jumping castle
- costume nights

Parent Signature _____

Printed Name _____ Date _____

If you DO NOT WANT your child to participate in any of the above, please list below.

Activity _____

Signature _____

Printed Name _____ Date _____

Effective from date signed through _____

Photos

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

Brochures/Promotional material

Church

Website

Newsletters

Signature: _____

Food

During many of our programs food is offered to the children/youth. This can include candy, gum, chocolate, baked goods (home-made and/or store bought).

If for any reason you **DO NOT** wish for your child to consume any food products while in our program, please sign below or indicate any allergy restrictions below. (Also see allergies above)

Signature: _____

Allergy restricted foods: _____

Purposes and Extent

Port Perry Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, 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 Port Perry Baptist Church to limit the information collected, or to view your child's information, please contact us.