

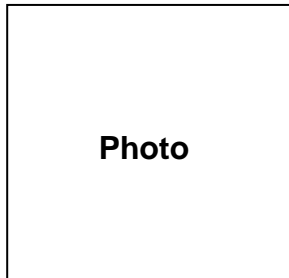
**AUTHORIZATION AND MEDICAL CONSENT FORM**

**YOUTH**

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.

**For the Ministry year 2018/2019**

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 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

Cell phone number \_\_\_\_\_ e-mail \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any 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 medications, an epi-pen or asthma puffer with him/her?

Yes  No

If yes, please list: \_\_\_\_\_

Parents'/Guardian Name \_\_\_\_\_

In case of an emergency and we are unable to contact a parent, please provide an emergency contact name & number: \_\_\_\_\_

**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 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.

PLEASE NOTE: Ministry activities may include but are not limited to:

- indoor gym games such as dodgeball, basketball, volleyball etc.;
- outdoor games such as soccer, baseball, man-hunt, etc.;
- special events which may include dunk tanks, inflatable games, slip and slides, etc.

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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

Activity **Excluded**: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Effective from date signed through \_\_\_\_\_

*Note: All off-site trips and retreats will have a separate consent form.*

**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.

## 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       Youth Facebook Page  
 Newsletters       Youth Instagram Account

Signature: \_\_\_\_\_

## Food

During many of our programs food is offered to the 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: \_\_\_\_\_

## Communication

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Ministry Personnel (staff and volunteers) to communicate with your child via telephone, email, social media and text.

- \_\_\_ Telephone (home / work / cell)  
\_\_\_ Social Media Networks (Facebook, Instagram, etc.)  
\_\_\_ Email  
\_\_\_ Text

Signature: \_\_\_\_\_