



AUTHORIZATION AND MEDICAL CONSENT FORM

Appendix 14

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

For the school year 20 ___/20 ___

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

Student Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff 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 _____

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

Private Facebook Page

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

I/we, the parents or guardians named above, authorize Pastor Glenn Tomlinson or one of the Sovereign Grace Community Church Ministry Staff 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 Pastor, the Ministry Staff, Sovereign Grace Community 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 Sovereign Grace Community 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 Sovereign Grace Community Church.

Parent Signature _____

Printed Name _____ Date _____

Purposes and Extent

Sovereign Grace Community 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 Sovereign Grace Community Church to limit the information collected, or to view your child's information, please contact us.

Student Ministry Activities

Parent/Guardian Options (choose one of the following options):

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

Signature _____

Printed Name _____ Date _____

Effective from date signed through _____

2. I have read, understood and agree with the above and sign it to cover only the activity listed below.

Activity _____

Signature _____

Printed Name _____ Date _____