

Youth Program Registration and Consent Form (2018-2019) – page 1 of 2

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

Student Name _____ Grade _____

Check here if you completed this form last year AND none of your info has changed (if so, proceed to the signature section at the bottom of the second page)

Gender _____ Date of Birth _____

Address _____

Student's phone (if different than parent/guardian) _____

Student's Email _____

Health Card Number (6 digit Reg# AND 9 digit P.H.I.N) _____

Family Doctor _____ Doctor's Phone _____

Parent/Guardian Name _____

Parent/Guardian Phone _____ Alternate Phone _____

Parent/Guardian Email _____

Emergency contact Name (other than parent/guardian) _____

Relationship of emergency contact to student _____

Emergency contact phone numbers _____

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: _____

Does your child have any **ALLERGIES** that our staff should be aware of? Yes No

If yes, please explain: _____

Does your child have any **DIETARY RESTRICTIONS** that we should be aware of? Yes No

If yes, please explain: _____

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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 below, authorize one of Morden Alliance Church Youth Program 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 Staff, Morden Alliance 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 Morden Alliance 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 travelling as part of the events of Morden Alliance Church.

Purposes and Extent

Morden Alliance 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 Morden Alliance Church to limit the information collected, or to view your child’s information, please contact us.

COMMUNICATION

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

Check ALL that apply:

- Phone (home/work/cell) Social Media Email Text messages

PHOTOS & MEDIA

I grant permission for the reasonable use of pictures or media containing my child for

Check ONE:

- Website, Social Media, Brochures or Promotional material

OR

- In-church use ONLY, such as bulletin boards or announcement slides

OR

- None – please do not publish any photos of my child

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.

Parent/Guardian Signature _____

Printed Name _____ Date _____

Effective from date signed through September 2019