

APPENDIX 5**YOUTH MINISTRY AUTHORIZATION AND CONSENT FORM**

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

For the school year 20 __ / 20 __

Student's Name _____ Date of Birth _____

Address _____

Home Phone Number _____ Parents' Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

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?

If yes, please list.

☐ Yes ☐ No

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 the Mallaig Baptist Church Youth Ministry Personnel to sign a consent form for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

SAFE PLACE POLICY & PROCEDURE

I/we, named below, undertake and agree to indemnify and hold blameless Ministry Personnel, Mallaig Baptist Church, its Pastor 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 Mallaig Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization are effective only when participating in or traveling to events of the Mallaig Baptist Church.

Purposes and Extent

Mallaig Baptist 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 Mallaig Baptist Church to limit the information collected, or to view your child's information, please contact us.

Parent / Guardian Options

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

Parents'/Guardian Signature _____

Printed Name _____

Date _____

Effective from date signed through to August 31, 200 ____

OR

1. I have read, understood and agree with above and sign it to cover only this activity:

Activity: _____

Parents'/Guardian Signature _____

Printed Name _____

Date _____