



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 Whitecourt Family Worship Centre. Any medical information collected here serves to authorize Whitecourt Family Worship Centre, and its staff and volunteers, to obtain medical assistance in emergencies.

Student's Name _____ Date of Birth _____

Address _____

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, behavioral concerns or limitations that 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.

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

Please turn over...

Appendix 7

I/we, the parents or guardians named below, authorize Darrell and/or Evie Penney or one of the Whitecourt Family Worship Centre Youth 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 below, undertake and agree to indemnify and hold harmless Ministry Personnel, Whitecourt Family Worship Centre, 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 Whitecourt Family Worship Centre, 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 sponsored by the Whitecourt Family Worship Centre.

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

Purposes and Extent

Whitecourt Family Worship Centre 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 Whitecourt Family Worship Centre 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 Ministry activities for the program year effectively as stated below.

Parents'/Guardian Signature _____

Printed Name _____ Date _____

Effective from date signed through to August 31, 20 ____

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

Activity: _____

Parent / Guardian Signature _____

Printed Name _____ Date _____

Trips and Off-Site Travel Form

Group _____

Destination _____ Contact Number _____

Departure	
Date	
Time	
ETA	

Return	
Date	
Time	
ETA	

Driver's Name	Vehicle

Leader's Name	Phone Number

Student's Name	Phone Number

