

Authorization & Medical Consent Form from September 1, 2023 to August 31, 2024

Stude	ent Name:	Date of Birth:
Addre	ess:	
Home	e Ph#:	Alternate Ph#:
Famil	y Doctor:	AB Health #:
Allerg	jies:	
	•	ve any physical (including allergies), emotional, mental or behavioural ons that our leaders should know about? Yes No
If yes	, explain:	
Any N	/ledications: _	
Name	e and Phone	# of emergency contact:
while autho	in the care o	ed is confidential and is being gathered for the purposes of serving your child Daysland Alliance Church. Any medical information collected serves to d'Alliance Church, and its staff and volunteers, to obtain medical assistance
Dayslagree pasto partic any munder	land Alliance to indemnify its and Board ipant as a respectively.	(name) to participate in the youth group of Church, including events held off church premises.* I/We undertake and and hold blameless the ministry leaders, Daysland Alliance Church, its of Elders from and against any loss, damage or injury suffered by the sult of being part of the activities of the Daysland Alliance Church as well as nent authorized by the supervising individuals representing the church. I/We includes any sickness that is perceived to have been contracted or is contracted at hurch's ministry programs.
	promotiona	rermission for the Daysland Alliance Church to use pictures of my child in material, videos, and slide shows. I am aware that these are shown at tions, posted on the private facebook page for the youth, and possibly the site.
	I would like	to be shown the photo, video before giving consent.
	I do not give child.	my consent to Daysland Alliance Church to use pictures or video of my
Signa	ature:	Date:

