



WHAT GROUNDS YOU?

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Authorization & Medical Consent Form from September 1, 2021 to August 31, 2022

Student Name: _____ Date of Birth: _____

Address: _____

Home Ph#: _____ Alternate Ph#: _____

Family Doctor: _____ AB Health #: _____

Allergies: _____

Does your child have any physical (including allergies), emotional, mental or behavioural concerns or limitations that our leaders should know about? Yes No

If yes, explain: _____

Any Medications: _____

Name and Phone # of emergency contact: _____

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

I allow my child _____ (name) to participate in the youth group of Daysland Alliance Church, including events held off church premises.* I/We undertake and agree to indemnify and hold blameless the ministry leaders, Daysland 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 Daysland Alliance Church as well as any medical treatment authorized by the supervising individuals representing the church. (please check on of the following)

- I also give permission for the Daysland Alliance Church to use pictures of my child in promotional material, videos, and slide shows. I am aware that these are shown at church functions, posted on the private facebook page for the youth, and possibly the church website.
- I would like to be shown the photo, video before giving consent.
- I do not give my consent to Daysland Alliance Church to use pictures or video of my child.

Signature: _____ Date: _____

Printed Name: _____

* We will often have individual consent forms for events that are further than 100km and/or are irregularly unpredictable.

