Gravity

Let us fall into the hands of the Lord, for his mercy is great….2 Samuel 24:14

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Authorization & Medical Consent Form from September 1, 2026 to August 31, 2027

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/We, the parents or guardians named above, authorize the ministry staff of Daysland Alliance Church 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, Daysland Alliance Church, its pastor(s) 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 Daysland 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 events of Daysland Alliance Church.

Daysland 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/groups, 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 permanently as it is a requirement of our insurance company and legal counsel. If you wish Daysland Alliance Church to limit the information collected, or to view your child's information, please contact us.

(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.
  PLEASE INITIAL THAT YOU CHOSE THIS OPTION: _____
- □ I would like to be shown the photo and/or 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: _____