



# Daysland Alliance Youth

*For you are all children of light, children of the day. We are not of the night or of the darkness. 1 Thess. 5:5 ESV*

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## Authorization & Medical Consent Form from September 1, 2024 to August 31, 2025

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 of 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. I/We understand that this includes any sickness that is perceived to have been contracted, or is contracted at Daysland Alliance Church's ministry programs.

(please check one 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.

