

**AUTHORIZATION AND MEDICAL CONSENT FORM**

Appendix 14

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

**For the calendar year 2011**

In the case of custody agreements, please include the proper form authorizing parental contacts.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our 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.

\_\_\_\_\_  
\_\_\_\_\_

Parents'/Guardian Name \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_

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

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I/we, the parents or guardians named above, authorize Pastor Byron Allan or one of the Strathmore Alliance Church Ministry Staff 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 Pastor Byron Allan, the Ministry Staff, Strathmore 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 Strathmore 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 or traveling to events of the Strathmore Alliance Church.

### 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

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### Student Ministry Activities

Parent/Guardian Options (choose one of the following options):

1. I have read, understood and agree with the above and sign it to cover all Student Ministry activities for the program year effective as stated below.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Effective from date signed through \_\_\_\_\_

2. I have read, understood and agree with the above and sign it to cover only the activity listed below.

Activity \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Purposes and Extent

Strathmore 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, 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 Strathmore Alliance Church to limit the information collected, or to view your child's information, please contact us.