

Medical & Media Release

STUDENT INFORMATION:

First Name: _____ Last Name: _____
Age: ____ Grade: ____ Gender: _____
Birth Date (DD/MM/YYYY) ____ / ____ / ____ Health Card # _____
(optional)

PARENT/GUARDIAN INFORMATION:

First Name: _____ Last Name: _____
Address: _____
City: _____ Postal Code: _____
Personal Phone: _____ Work Phone: _____

First Name: _____ Last Name: _____
Address: _____
City: _____ Postal Code: _____
Personal Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Child Lives with: Both Parents Mother Father Other: _____

Do you regularly attend one of our churches? Yes No Other: _____

STUDENT MEDICAL INFO:

Name: _____ Allergies: _____ Life Threatening

Does your child carry medication with them? (Epi-Pen, Antibiotics, Inhaler, etc...)

Name: _____ Medication: _____

Does your child have any physical, emotional, or behavioural concerns, conditions or limitations that our staff should be aware of? Yes No

Name: _____ Info: _____

The information being gathered to serve your child while in the care of The Gathering & Parkway Churches is strictly confidential. Any Medical information collected serves to authorize The Gathering & Parkway Churches, their volunteers and staff, to obtain professional medical assistance in emergencies.

The safety of your child is our primary concern and precautions will be taken for their wellbeing and protection. We also recognize that activities; such as youth events involve elements of risk. Accidents and injury may occur while a student engages in an activity.

By allowing your child to participate in youth events you are assuming the risk of an accident or injury occurring.

In the event that your child require medication, x-rays, or any medical treatment, the parents/guardian(s) of the child will be notified immediately, or as soon as communication allows.

By signing this, I/we release Parkway Road Pentecostal Church and The Gathering Ottawa Church, their volunteers, and staff from any liability.

I/we have read, understood, and agreed with the above statements and declarations covering the Youth Ministry events for the ministry year of September 1, 2018 to August 31, 2019.

Effective from date signed:

Parent/Guardian(s) Signature: _____

Printed Name(s): _____

Date: _____

Media Release

I/we give permission for photos & video of my child to be taken for church use including but not limited to: administrative use, teaching, and church promotion, wherein the name of the child/children will remain private.

Parent/Guardian(s) Signature: _____

Printed Name(s): _____

Date: _____

**please note that if the media release is not signed we will not use any images of your child.*