

**AUTHORIZATION AND MEDICAL CONSENT FORM**

**Purposes and Extent:**

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

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

**For the 2019/2020 school year**

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 \_\_\_\_\_

**Medical:**

Insurance Company and Policy Number \_\_\_\_\_  
Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Allergies \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral 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.

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

Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
In case of an emergency, contact \_\_\_\_\_

I/we, the parents or guardians named above, authorize Edgewater 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 Edgewater Alliance Church, its pastors, representatives, 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 Edgewater 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 Edgewater Alliance Church.

Parent Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Communication:**

Ministry Personnel (Staff and Volunteers) may contact your child for the dissemination of information and/or ministry purposes.

Parent Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Transportation:**

There are certain events, outings, and activities sponsored or endorsed by Edgewater Alliance Student Ministries that require vehicular transportation of students. While it is a top priority of Edgewater Alliance student ministries to keep your child safe, we know there are always possibilities of unforeseen hazards. By signing below, you grant permission for your child to be transported in a vehicle by EASM ministry personnel (staff and volunteers) for all events, outings, and activities sponsored or endorsed by Edgewater Alliance Student Ministries and attest that you are aware of the risks associated with vehicular transportation. By signing below, you also assume any expenses that may be incurred in the event of an accident, illness, or other incapacity regardless of whether you have authorized such expenses.

Parent Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Student Ministry Activities:**

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 above.

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