

AUTHORIZATION AND MEDICAL CONSENT FORM - Youth

For the school year 20__/20__

Student Name _____

Address _____

Phone # _____ Parents' Work # _____

Date of Birth (M/D/Y) ____/____/____ Health Card # _____

Family Doctor _____ Phone # _____

Allergies _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? If yes, please explain. _____

Is your child bringing any medication with him/her? 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 well-being and protection.

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I/we, the parents or guardians named above, authorize Pastor or one of Elim Tabernacle's 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 , the Ministry Staff, Elim Tabernacle, 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 Elim Tabernacle, 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 authorized by the Youth Department of Elim Tabernacle.

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

- 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 _____ Date _____

Effective from date signed through _____

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

Activity _____

Signature _____ Date _____