AUTHORIZATION AND MEDICAL CONSENT FORM

Gateway Bible Church

For the dates Sept 2025/ Sept 2026

Student Name Grade: Age:

Date of Birth (M/D/Y) / / Health Card # Parent/Guardian Names Physical Address Mailing: Phone # Parent Email Family Doctor Dr. Phone # Allergies

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

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.

I give permission for my child to participate in offsite and onsite events sponsored by Gateway Bible Church (GBC).

# Initial [ ] Yes [ ] No

I understand that any events requiring transportation outside of our normal ministry radius (>50km), overnight events, and/or mission trips will require a separate, special consent form to be completed.

# Initial [ ] Yes [ ] No

In the event of medical emergency, I give permission for my child to receive First Aid/medical treatment as determined by Staff or Volunteers, and/or to be transported to the nearest medical facility by Staff or Volunteers or Emergency Services.

# Initial [ ] Yes [ ] No

I recognize that there are risks inherent in activities/transportation that my child may be engaged in, and I will not hold GBC Staff or Volunteers responsible for any personal injury that might occur to my child while participating. If my child commences any action against GBC, its officers, directors, volunteers, agents, servants, or employees, in relation to or arising from my child’s participation in GBC’s ministry activities, I agree to indemnify and save harmless GBC, its officers, directors, volunteers, agents, servants, or employees, from any/all claims and expenses, including legal fees arising from such action, excepting any action arising from or related to any negligent or willful conduct of GBC, its officers, directors, volunteers, agents, servants, or employees.

# Initial [ ] Yes [ ] No

I understand that photographs or video may be taken of my child during GBC events, and I give permission to use any of these photos/videos for any and all GBC ministry purposes. I release and discharge the photographer/videographer and GBC Staff or Volunteers from any and all claims arising out of use of photos/ videos of my child.

# Initial [ ] Yes [ ] No

I give consent to GBC ministry Staff and/or Volunteers Leaders to contact my child via email, and/or Text Messaging for ministry communication purpose.

# Initial [ ] Yes [ ] No

Parent/Guardian: I confirm that I am a Custodial Parent or Legal Guardian of the Student mentioned above and have legal capacity to sign this release. By signing my name below, I give consent as a Parent/Guardian of this child. (Please print and sign your full name to give consent).

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

Signature Date