



**Dawson Creek Alliance Church**  
 9009 10<sup>th</sup> Street  
 Dawson Creek, BC  
 V1G 4T1



**Authorization and Medical Consent Form**

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

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Student's Cell Number \_\_\_\_\_

Care Card Number \_\_\_\_\_ Email: \_\_\_\_\_

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 \_\_\_\_\_

Parent's Cell Number \_\_\_\_\_ Parent's Work Number \_\_\_\_\_

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/Guardian Signature \_\_\_\_\_

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

I/we, the parents or guardians named above, authorize the ministry staff of Dawson Creek Alliance Church 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.

**Photos**

I give Dawson Creek Alliance Church permission to use pictures of my child in the following ways. (Please cross out if you do not consent).

- Brochures/Promotional material
- Website

- Church
- Newsletters

**Student Ministry Activity Permission**

Name of Event: PRBI - eView

Date: March 8-10 Transportation: Personal Vehicles

Location: PRBI Sexsmith, AB Cost: \$10 for travel

Drop-Off Location: DCAC @Time: Thrs. 3:30pm

Pick-Up Location: DCAC @Time: Sat. 3:00pm

I voluntarily agree to allow my child to participate in this event. By voluntarily allowing participation, I agree that I am exposing my child to inherent risks and hazards. I agree to accept all risks and hazards and be responsible for any injury or other loss which may occur during the participation of my child.

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

Parent/Guardian Signature \_\_\_\_\_

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

**Purposes and Extent**

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

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