

### Appendix 6 - Registration and Medical Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child/Youth while in the care of Bible Fellowship Church. Any medical information collected here serves to authorize Bible Fellowship Church, and its staff and volunteers, to obtain medical assistance in emergencies.

For the school year 20\_\_\_\_ / 20\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

**Emergency Contact #1** \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_

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

Does your child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?      Yes      No      If yes, please explain:

Is your child bringing any medication with them?      Yes      No If yes, please list.

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the parents or guardians named below, authorize [Ministry Director] or one of Bible Fellowship Church Ministry Personnel 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 below, undertake and agree to indemnify and hold harmless Ministry Personnel, Bible Fellowship Church, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Bible Fellowship Church, as well as of any medical treatment authorized by the supervising individuals representing Bible Fellowship Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Bible Fellowship Church.



**Communication**

A policy is in effect, for youth 13 years of age and older, that communication is to be used for the dissemination of information regarding youth programming. Please sign below to grant permission for Youth Program Ministry Personnel (staff and volunteers) to communicate with your youth via telephone, email, social media and text:

Telephone (home / work / cell)  
Email

Social Media Networks  
Text messages

**Photos**

Please sign below to grant permission for the reasonable use of pictures containing your child/youth in promotional material such as brochures, the church website, newsletters, etc.

Yes      No

**Purposes and Extent**

Bible Fellowship 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 organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Bible Fellowship Church to limit the information collected, or to view your child's information, please contact us.

**Parent/Guardian Options**

I have read, understood and agree with above and sign it to cover all Children/Youth Program activities for the program year effective as stated below. A separate Special Event Waiver will be sent home for off-site activities and activities of elevated risk.

Parent Signature \_\_\_\_\_

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