

Inniswood Baptist Church - AUTHORIZATION AND MEDICAL CONSENT FORM

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

For the school year 2009 /2010

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 _____

Health Card Number _____

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 _____

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 Signature _____

Printed Name _____ Date _____

I/we, the parents or guardians named above, authorize Pastor Marilyn Gratz or one of the Inniswood Baptist Church Ministry Staff & Volunteers 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 Marilyn Gratz, the Ministry Staff & Volunteers, Inniswood Baptist Church, its Pastors and Board of Elders & Deacons from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Inniswood Baptist 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 the Inniswood Baptist Church.

Photos

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

Brochures/Promotional material Church Website Newsletters

Student Ministry Activities

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

1. 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 _____

Printed Name _____ Date _____

Effective from date signed through August 31st 2010.

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

Activities: MiniPutt, tobogganing, swimming, bowling, Laser Tag, Water Park, Springwater Park, various other games and activities on church property.

Signature _____

Printed Name _____ Date _____

Purposes and Extent

Inniswood Baptist 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 Inniswood Baptist Church to limit the information collected, or to view your child's information, please contact us.