

Northview Community Church

Authorization and Medical Consent Form

2024-2025

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Northview Community Church. Any medical information collected here serves to authorize Northview Community Church, and its staff and volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent or Care-Giver.

Student's Name:

Date of Birth:

Address:

Phone Number:

Parents' Work Number:

Health Card Number:

Family Doctor:

Dr. Phone Number:

Allergies:

In case of an **emergency, contact:**

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**? ____ 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 Pastor David Schuchardt, Pastor Calvin Sawatzky or one of Youth Group Program 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 Program Personnel, Youth Group, 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 Youth Group, as well as any medical treatment authorized by the supervising individuals representing Youth Group. This consent and authorization is effective only when participating in or traveling to events sponsored by Youth Group.

Communication

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

Telephone (home/work/cell) Social Media Networks
 Email Text messages

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 Organization
 Website Newsletters
 Videotaping

Purposes and Extent

Northview Community 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 Northview Community Church to limit the information collected, or to view our child's information, please contact us.

Parent/Guardian Options

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

Parents'/Guardian Signature:

Printed Name:

Date:

This permission form is effective: September 1, 2024 to August 31, 2025