



## SEMC CHILD & YOUTH

## 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 the Sarnia Evangelical Missionary Church. Any medical information collected here serves to authorize Sarnia Evangelical Missionary Church, and its staff and volunteers, to obtain medical assistance in emergencies.

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

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

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Student's email: \_\_\_\_\_ Parent's email: \_\_\_\_\_

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

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

Allergies \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural  Yes  No concerns or limitations that our staff should be aware of?

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 one of the Sarnia Evangelical Missionary Church Ministry Staff 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 the Ministry Staff, the Sarnia Evangelical Missionary Church, its Pastors and Governing from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Sarnia Evangelical Missionary 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 Sarnia Evangelical Missionary Church.

### **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 31, 2014 \_\_\_\_\_

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

Activity \_\_\_\_\_

Signature \_\_\_\_\_

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

### **Purposes and Extent**

The Sarnia Evangelical Missionary 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 The Sarnia Evangelical Missionary Church to limit the information collected, or to view your child's information, please contact us.