

# **New Norway Authorization and Medical Consent Form 2017-2018 School Year**

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Highland Park Evangelical Free Church. Any medical information collected here serves to authorize Highland Park Evangelical Free Church, and it's 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:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Male/Female:** \_\_\_\_\_ **Student Cell:** \_\_\_\_\_

**Parent Home Number:** \_\_\_\_\_ **Parent Cell Number:** \_\_\_\_\_

**Parent E-mail:** \_\_\_\_\_ **Student E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Alberta Health Card Number:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, please explain.

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Is your child bringing any medication with him/her? If yes, please list.

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

I/we, the parent(s) or guardian(s) named below, authorize the Pastor(s) or one of the Highland Park Evangelical Free Church Ministry Staff/Leaders to sign a consent for medical treatment and to authorize an 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 blameless the Ministry Staff/Leaders, Highland Park Evangelical Free Church, Its Pastor(s) and Board of Elders from and against any loss. Damage or injury suffered by the participant as a result of being part of the activities of the Highland Park Evangelical Free 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 travelling to events of the Highland Park Evangelical Free Church.

Parent's/Guardian's Name: \_\_\_\_\_

In case of an emergency, contact: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Printed Name(s):\_\_\_\_\_Date:\_\_\_\_\_

## Photos

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

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional Material | <input type="checkbox"/> Website     |
| <input type="checkbox"/> In Church                      | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Instagram/Facebook             |                                      |

Parent's/Guardian's Signature: \_\_\_\_\_

Printed Name(s):\_\_\_\_\_Date:\_\_\_\_\_

## Student Transportation

To and From: I, the parent or guardian named below, hereby grant permission for my child to get a ride to and from youth activities by a member of the ministry staff/leaders. I understand that my child will be travelling by private vehicle and I consent to this.

During: I, the parent or guardian named below, hereby grant permission for my child to travel by private vehicle during student ministry activities in and around New Norway for the purpose of using alternate locations (for example: family farms, LSBC) for activities.

Parent's/Guardian's Signature: \_\_\_\_\_

Printed Name(s):\_\_\_\_\_Date:\_\_\_\_\_

## Student Ministry Activities

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

- I have read, understood and agree with the above and sign it to cover all Ministry activities for the program year effective as stated earlier.
- I have read, understood and agree with the above and sign it to cover only the activity listed below.

Activity: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Printed Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

## Purposes and Extent

Highland Park Evangelical Free 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 relationship 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 Highland Park Evangelical Free Church to limit the information collected, or to view your child's information, please contact us.

### Contact Us At

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780-781-5441

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Instagram: newnorwayyouth

Website: [www.newnorwaychurch.com](http://www.newnorwaychurch.com)

