

# **Returning Students**

## **New Norway Authorization and Medical Consent Form**

### **2018-2019 School Year**

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: \_\_\_\_\_

### Contact Us At

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