

AUTHORIZATION AND MEDICAL CONSENT FORM

Sturgeon Alliance Church Tweens
2017-2018 Ministry Year



Student Name _____

Address _____

Phone # _____ Parents' Work # _____

Date of Birth (M/D/Y) ____/____/____ Health Card # _____

Family Doctor _____ Phone # _____

Allergies _____

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

Parents' /Guardian Name _____

Emergency Contact _____

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 above, authorize one of the Sturgeon Alliance 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, Sturgeon Alliance Church, its Pastors 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 Sturgeon Alliance Church Youth Ministry, including riding the Bus, 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 Sturgeon Alliance Church.

Signature _____ Date _____