



Rockcliffe Pentecostal Church

YOUTH MINISTRY REGISTRATION AND CONSENT FORM

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Rockcliffe Pentecostal Church. Any medical information collected here serves to authorize Rockcliffe Pentecostal Church, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent / Care Giver.

Student's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Parent's Email: _____ 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 with him/her? ☐ Yes ☐ No

If yes, please list.

We do not restrict access to children who have not been immunized, however, we request that we be notified if your child/children have not been immunized. This information will be used to protect all children who have and who have not been immunized. Has your child been immunized?
Yes ☐ No ☐

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

Rockcliffe Pentecostal Church | Plan to Protect® Policy

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I/we, the Parents or guardians named below, authorize **Pastor Philip Smith** or one of Rockcliffe Pentecostal Church Youth Ministry 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, Rockcliffe Pentecostal Church, 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 Rockcliffe Pentecostal Church, as well as of any medical treatment authorized by the supervising individuals representing Rockcliffe Pentecostal Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Rockcliffe Pentecostal Church

Communication:

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

☐ Telephone (home / work / cell)
☐ Email

☐ Social Media Networks
☐ Text messages

Photos

Please tick any or all of the boxes below, then 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
☐ Website
☐ Videotaping

☐ Rockcliffe Pentecostal Church
☐ Newsletters

Purposes and Extent

Rockcliffe Pentecostal 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 Rockcliffe Pentecostal Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Rockcliffe Pentecostal Church to limit the information collected, or to view your child's information, please contact us.

Parent / Guardian Options

I have read, understood and agree with above and sign it to cover all Youth Ministry 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: **October 1, 2020 to September 30, 2021**

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