

## **AUTHORIZATION AND MEDICAL CONSENT FORM - YOUTH MINISTRY**



Information received is confidential and is being gathered for the purposes of serving your child while in the care of Mount Olive Church. Any medical information collected here serves to authorize Mount Olive Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Box 35                      Youth Pastor: Kenton Barkman  
Three Hills, AB        Cell Phone: (403) 412-4091  
T0M 2A0                Church Phone: (403) 443-7779

### **For the school year 2020/2021**

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

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_  
Health Card Number \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Allergies \_\_\_\_\_

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

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Is your youth bringing any medication with him/her to youth events? ☐ Yes ☐ No

If yes, please list.

\_\_\_\_\_  
\_\_\_\_\_

### **Travel to Local Youth Events**

Do you grant permission for Mount Olive Evangelical Free Church to provide transportation for your Child/Ward to attend official youth events taking place within a 150 km radius of the church building? This includes but is not limited to the cities of Calgary and Red Deer, Alberta. In cases of concern, I understand that at any time I have the means and ability to ask questions, and/or withhold my child/ward from attending any event I choose. (Specific permission is sought for overnight events or trips exceeding 150km) ☐ Yes ☐ No

Parents'/Guardian Name \_\_\_\_\_

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

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

Parent Signature \_\_\_\_\_

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

I/we, the parents or guardians named above, authorize Pastor Kenton Barkman or one of the Mount Olive Church Ministry Staff/Volunteers to sign 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 Pastor Kenton Barkman, the Ministry Staff/Volunteers, Mount Olive Evangelical Free Church, its Pastors and Board of Elders from and against any loss, damage, death or injury suffered by the participant as a result of being part of the activities of the Mount Olive 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 Mount Olive Church.

### Photos

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

☐ Promotional material      ☐ Church Displays      ☐ Website      ☐ Youth Facebook Page

\*Please indicate if you don't want your child's picture in any or all of these: \_\_\_\_\_

### Youth 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 October, 2021.

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

Mount Olive 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 Mount Olive Church to limit the information collected, or to view your child's information, please contact us.