

Leduc Fellowship Church
AUTHORIZATION AND MEDICAL CONSENT FORM

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

For the 2020-2021 School Year

Child/Youth Name _____ Date of Birth _____

Address _____

Phone Number _____ Parent's Work Number _____

Alberta Health Care Number _____

Family Doctor _____ Phone No. _____

Allergies _____

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our 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:

Parent's/Guardian's Name _____

In case of emergency, contact _____

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

Parent Signature _____

Printed Name _____ Date _____

I/we, the parents or guardians named above, authorize the Leduc Fellowship Church Staff and Children and Youth Ministry Leaders or one of the Leduc Fellowship 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 Pastor, the Ministry Staff, Leduc Fellowship 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 Leduc Fellowship 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 Leduc Fellowship Church.

PURPOSES AND EXTENT

Leduc Fellowship Church is collecting and retaining this personal information for the purpose of enrolling your child/youth in our programs, to assign the child/youth to the appropriate classes, to develop and nurture ongoing relationships with you and your child/youth, 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 Leduc Fellowship Church to limit the information collected, or to view your child's'/youth's information, please contact us.

PHOTOS

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

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newsletters |

LFC Kids Activities

I have read, understood and agree with the above and sign it to cover **all** LFC Kids activities for the **2020-2021 School Year**.

Signature _____

Printed Name _____ Date _____

**LEDUC FELLOWSHIP CHURCH
TRANSPORTATION WAIVER**

PLEASE PRINT

I, _____ hereby grant Leduc Fellowship Church permission
Parent/Guardian Name

to transport my child(ren) _____
Child(ren's) Name

during any and all LFC Kids Ministry activities by using their own personal vehicles, public transportation and/or vehicle rentals.

I undertake and agree to indemnify and hold blameless the Leduc Fellowship Church Staff, Board of Elders and LFC Kids Volunteers from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Leduc Fellowship Church, as well as of any medical treatment by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Leduc Fellowship Church.

Purposes and Extent:

Leduc Fellowship Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the child 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 Leduc Fellowship Church to limit the information collected, or to view your child's information, please contact us.

Signature of Parent/Guardian: _____

Date: _____