

**AUTHORIZATION AND MEDICAL CONSENT FORM**  
**For the 2021-2022 School Year**

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.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(MM/DD/YY)

**Child's AB Health Care Number:** \_\_\_\_\_  
(In case of emergency, this allows us to have Health Care Professionals provide immediate care to your child).

**Parent/Guardian(s) Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Emergency Contact (Other than Parent/Guardian):** \_\_\_\_\_

**Emergency Contacts Phone Number:** \_\_\_\_\_

**Does your child have any allergies/food sensitivities that our staff should be aware of?**  Yes  No

If yes, please explain:

\_\_\_\_\_

**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(s) with them?**  Yes  No

If yes, please list:

\_\_\_\_\_

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

**PURPOSES AND EXTENT OF FOLLOWING AGREEMENTS**

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.

**TRANSPORTATION AGREEMENT**

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

to transport my child(ren) \_\_\_\_\_  
Child(ren's) Name

during any/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.

**PARENT/GUARDIAN INITIALS:** \_\_\_\_\_

**EMERGENCY MEDICAL CONSENT**

In the event of emergency, I/we, the parents or guardians named below, 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 below, 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.

\_\_\_\_\_  
**SIGNATURE OF PARENT**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

**Consent to Use and Disclose Personal Information  
Leduc Fellowship Church Children's Ministry  
2021-2022 School Year**

**Name of Student:** \_\_\_\_\_  
**First Name** **Last Name** **Grade**

In accordance with the FOIP Act and the Copyright Act, Leduc Fellowship Church requests consent for various purposes, as outlined below. Consent is voluntary and can be revoked at any time by notifying the Ministry Leader in writing. If you do not return this form it indicates refusal to consent. If you have concerns regarding these matters, please contact the **Pastor of Children's Ministry, Rebecca Kay**.

**A. Appearing on Websites**

Leduc Fellowship Church on occasion posts photos to share what is being done in LFC Kids Ministry. Your consent is requested to use your child's photograph on our church website and/or on our Leduc Fellowship Church Facebook Group Page. Please note that in the context of ordinary internet use, photographs may be copied, altered or moved by anyone who visits these websites; and if your consent is withdrawn, the church will remove the image from its website, however, it may be available on the internet indefinitely.

**I consent to the above use of personal information: YES  NO**

**B. Appearing in YouTube Livestream**

The church Livestreams all services to YouTube, where they remain available for public viewing indefinitely. On occasion, the church may have children participate in the Livestream for events including, but not limited to, **Christmas Concert, Easter Program, Vacation Bible School and Ministry Celebrations**. Please note that in this context, your child's face may be visible to all those who search for, and/or regularly stream our Sunday Morning Services on YouTube. Due to the nature of the streaming service, if your consent is withdrawn, we will do our best to remove the media where your child is visible, but we cannot guarantee that we will be able to do this. Your consent is requested to use your child's personal information for this purpose.

**I consent to the above use of personal information: YES  NO**

\_\_\_\_\_  
**SIGNATURE OF PARENT**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**