



## Authorization & Medical Consent Form

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

### For the school year 2021-2022

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

#### A. Family Contact Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### B. Child(ren) Information

1. Child's Name: \_\_\_\_\_

Male • Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy) Student's Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's CareCard #: \_\_\_\_\_ 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 medications with him/her? • Yes • No If Yes, please list. \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Male • Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy) Student's Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's CareCard #: \_\_\_\_\_ 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 medications with him/her? • Yes • No If Yes, please list. \_\_\_\_\_

Space for additional children is provided on Page 3.

*Please complete the security information on the back.*

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

**C. Online Security**

The safety of your children is of great concern to Tsawwassen Alliance Church. Ideally, there would always be two adults involved in student interactions. However, via an online platform, we acknowledge the natural challenges that present. We have instituted safeguards whereby parent permission must be received before there can be any online interaction.

Expectations of Kids Ministry leaders and parents:

1. Consistent, hard/fast meeting times (day, start and end times).
2. It is 'optional' for kids to participate.
3. An adult must turn the camera on/off the device even if the child knows how.
4. Require an adult remain in the room (or nearby for earshot) with the child during the video call.
5. No video sessions will be recorded, and no screenshots may be taken.
6. Social media posts MUST NOT use children's names.

I give permission for my child to connect with TAC Kids Ministry leaders via Zoom according to the expectations listed above. \_\_\_\_\_ (initial here)

**D. Photos**

Your signature below will grant permission for the reasonable use of pictures containing your children in any or all of the following ways: brochures, newsletters, promotional material, church commemorative features (e.g. slideshows, bulletin boards, etc), church website. Please indicate here by initialing the box if you request that pictures of your children NOT be used in the above mentioned ways.

DO NOT USE PHOTOS OF MY CHILDREN:

☐

**E. Student Ministry Activities**

I/we, the parents or guardians named above, authorize the Tsawwassen 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, Tsawwassen 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 Tsawwassen Alliance Church, as well as 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 Tsawwassen Alliance Church.

I/we have read, understood and agree with the above and sign it to cover all student ministry activities through to September 2022..

Signature: \_\_\_\_\_

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

**F. Purpose & Extent**

Tsawwassen Alliance Church is collecting and retaining this personal information for the purpose of enrolling your children 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 Tsawwassen Alliance Church to limit the information collected, or to view your child's information, please contact us.

**For the school year 2021-2022 Child(ren) Information continued:**

**3. Child's Name:** \_\_\_\_\_

Male • Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)      Student's Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's CareCard #: \_\_\_\_\_ 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 medications with him/her? • Yes • No If Yes, please list. \_\_\_\_\_

**4. Child's Name:** \_\_\_\_\_

Male • Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)      Student's Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's CareCard #: \_\_\_\_\_ 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 medications with him/her? • Yes • No If Yes, please list. \_\_\_\_\_

**5. Child's Name:** \_\_\_\_\_

Male • Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)      Student's Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's CareCard #: \_\_\_\_\_ 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 medications with him/her? • Yes • No If Yes, please list. \_\_\_\_\_