

# General Parental Consent and Health Form

## For Bethany Baptist Church Activities

For the period from January 1, 2022 to August 30, 2023

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Individual(s) Permitted to Pick Up Child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SPECIAL LEARNING NEEDS for your child – please list below:**

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**Medical Information - please answer below:**

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have any life-threatening allergies?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is your child bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Check if your child currently, or within the last three months, has had any of the following:

Appendicitis	Ear infection	Hay Fever	Mumps
Asthma	Epilepsy	Hepatitis	Severe Stomach Ache
Bedwetting	Diabetes	Measles (Red)	Sinusitis
Chicken Pox	Fainting	Measles (German)	Tonsillitis

Date of last Tetanus Shot: \_\_\_\_\_

(Continued on the reverse)

**If there is anything else we need to know about your child's health?**

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Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

### **Consent**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, consent to his/her participation in the church programs of Bethany Baptist Church. I understand that by permitting my child to be included in this program, I agree that Bethany Baptist Church, and everyone acting on its behalf, will be released from any liability for injuries to my child that may be occasioned as a result of this activity and that I give permission to the leaders of this group at Bethany Baptist Church, to make decisions in case of an emergency on behalf of my child when I am not immediately available for consultation.

The undersigned shall be liable and agrees to pay for all costs and expenses incurred in connection with such medical and dental services rendered to the said Child pursuant to this Consent.

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

(Parent or guardian)

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

### **Video/Image Release**

I/we (parent/guardian) give permission for our youth, while under the direction/care of Bethany Baptist Church to have videos or images taken, displayed, or used for record keeping, promotion, outreach, and celebratory purposes. I/we authorize church pastoral staff, volunteer youth advisors, and leaders to photograph, video record, and use said media for church ministries. In this digital age the church takes many pictures of special events and activities. We use these photos/videos/images to record, promote, and celebrate our church ministries through various venues including, but not limited to our website, slide shows, individual prayer photos, bulletin boards, etc. Videos or images are almost always in public areas and/or at public events. We will not knowingly post anything that would be embarrassing, objectionable, or hurtful to anyone in the video or image. Having understood the above, I/we hereby disclaim, release, and agree to hold the Bethany Baptist Church, its pastors, elders, staff, members, volunteer youth advisors and leaders harmless from any liability to us, to our youth, or to any other person or entity as a result of or in connection with the use of said videos or images, including but not limited to, any claims for invasion of privacy or defamation.

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

(Parent or guardian)

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

In the event that an overnight event is planned, the Appendix H: WAIVER & MEDICAL RELEASE FORM: Overnight Events must be completed in addition to this form.