

# General Parental Consent and Health Form

For Bethany Baptist Church Activities

For the period from September 1, 2023 to August 30, 2024

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

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

Postal Code: \_\_\_\_\_ Parent's Cell Phone #: \_\_\_\_\_

Other #: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

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

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

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

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

**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: \_\_\_\_\_

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

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

Name of Family Physician (if applicable) : \_\_\_\_\_

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: \_\_\_\_\_

## Bethany Kid's Club Registration

### Shirt Size

☐ Child Small

☐ Child Medium

☐ Child Large

☐ Adult Small

Cost of Registration: \$30 per child up to \$120 per family (Cash or Cheque)

☐ I am unable to pay the registration amount and would like to receive the financial scholarship

Make cheques payable to "Bethany Baptist Church" and bring them to Bethany Kid's Club