



TAC Kids 2023-2024 Authorization & Medical Consent Form

Information received is confidential and is being gathered for the purposes of serving your child 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 care of emergencies.

This document is valid one year from the signed date.

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

A. Child Information

Name of Student:

DOB (DD/MM/YYYY): Gender: M ☐ F ☐

Student's School: Grade:

Medical #: Allergies:

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? If yes, please explain

No ☐ Yes ☐

Is your child bringing any medication with them? If yes, please list:

No ☐ Yes ☐

The safety of your child is of utmost importance to us, and all safety precautions will be taken to ensure it.

Name of Student:

DOB (DD/MM/YYYY): Gender: M ☐ F ☐

Student's School: Grade:

Medical #: Allergies:

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? If yes, please explain

No ☐ Yes ☐

Is your child bringing any medication with them? If yes, please list:

No ☐ Yes ☐

The safety of your child is of utmost importance to us, and all safety precautions will be taken to ensure it.

B. Parent Information

Name of Parent(s)/Guardian(s):

Address:

City, Province, Postal Code:

Cell #:

Email:

Emergency Contact Name:

Emergency Contact Number:

C. Photos

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

☐ I do not want my child's photos used for the above reasons.

D. Ministry Activities

I/we, the parent(s)/guardian(s) named above, authorize 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, the parent(s)/guardian(s) 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 travelling 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 one year signed date.

Signature:

Name:

Date:

E. Purpose and Extent

Tsawwassen Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate groups, 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.

Please return this form signed to Tsawwassen Alliance Church or email it to linda@tachurch.ca