

## Student Registration and Medical Consent Form

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

For the school year 20 \_\_/ 20 \_\_

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

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Indicate which ministry you are signing your child up for:

☐ Toddler ☐ Sunday School ☐ Youth

Address \_\_\_\_\_

Parent's Phone Number(s) \_\_\_\_\_

Parent's Email Address(es) \_\_\_\_\_

Health Card Number \_\_\_\_\_ Grade \_\_\_\_\_

Family Doctor \_\_\_\_\_

Allergies \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that staff or volunteers should be aware of? ☐ Yes ☐ No

If yes, please explain:

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Is your child bringing any medication with them? ☐ Yes ☐ No

If yes, please list and include any information that would be helpful for staff or volunteers to know.

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The safety of your child is our primary concern. Precautions will be taken for their well-being and protection. I/we, the parents or guardians named below, authorize Fort George Baptist Church's Ministry Personnel 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 in the case of an emergency where you cannot be reached.

I/we, named below, undertake and agree to indemnify and hold harmless Ministry Personnel, Fort George Baptist Church, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Fort George Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing Fort George Baptist Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Fort George Baptist Church.

### **Communication**

A policy is in effect that communication is to be used solely for the dissemination of information. Please indicate if you do not wish that ministry personnel communicate with yourself/your child via telephone, email, social media and/or text messages for the purpose of sharing information regarding ministry pertaining to your child.

### **Photos**

Photos and/or videos will occasionally be taken at Fort George Baptist Church activities for the purposes of promotion. Please indicate if you do not wish to have your child photographed.

### **Purposes and Extent**

Fort George Baptist 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 classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at Fort George Baptist Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Fort George Baptist Church to limit the information collected, or to view your child's information, please contact us.

### **Parent/Guardian**

I have read, understood and agree with above and sign it to cover all Children/Youth Program activities that your child is involved in for the program year effective as stated below. A separate Letter of Informed Consent will be sent home for off-site activities and activities of elevated risk.

Parent Signature \_\_\_\_\_

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