

AUTHORIZATION AND MEDICAL CONSENT FORM

Student Name _____

Address _____

Phone # _____ Parents' Work # _____

Date of Birth (M/D/Y) _____ Health Card # _____

Family Doctor _____ Phone # _____

Allergies _____

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

Is your child bringing any medication with him/her? If yes, please list. _____

Parents'/Guardians' Names _____

In case of an emergency, contact _____

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 above, authorize _____ to sign a consent form 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 above authorized person and Northside Bible Chapel Incorporated and its Directors and Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Northside Bible Chapel Incorporated as well as of any medical treatment authorized by the supervising individuals representing the church.

I/we, named above, agree that group and/or individual photography may include the image of the participant named above.

This consent and authorization is effective only when participating in or travelling to or from events of Northside Bible Chapel Incorporated.

Parent/Guardian Options (choose one of the following options):

- 1. I have read, understood and agree with the above and sign it to cover all Student Ministry activities for the program year effective from date signed through _____.
- 2. I have read, understood and agree with the above and sign it to cover only the activity listed below.

Activity and Date: _____

Signature _____ Date _____