MAPLE PARK
ALLIANCE CHURCH

AUTHORIZATION AND MEDICAL CONSENT FORM

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Maple Park Alliance Church (MPAC). Any medical information collected here serves to authorize MPAC, and its staff and volunteers, to obtain medical assistance in emergencies.

For the school year 20__/20__

Grade: _____

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

Student Name _____ Date of Birth _____

Parents'/Guardian Name _____

Address _____

Phone # _____ Parents/Guardian's Work # _____

'n case of an emergency, contact _____

Health Card Number _____

Family Doctor _____ Phone # _____

Allergies _____

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? ❑ Yes ❑ No

If yes, please explain.

_____

_____

_____

Is your child bringing any medication with him/her? ❑ Yes ❑ No

If yes, please list.

_____

_____

The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

I/we, the parents or guardians named above, authorize the Ministry Lead 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, named above, undertake and agree to indemnify and hold blameless MPAC, its Pastors and Board of Elders and any of its the Ministry Staff from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the MPAC, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the MPAC.

Photos

Please sign below to grant permission for the reasonable use of pictures containing your child/youth in any or all of the following ways:

❑ Brochures/Promotional material ❑ Church ❑Website ❑Newsletters

Signature _____

Printed Name _____ Date _____

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Student Ministry Activities

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 at the MPAC facility and minor field trips for the program year effective 20__/20__.

Signature _____

Printed Name _____ Date _____

OR

2. I have read, understood and agree with the above and sign it to cover only the activity listed below.

Activity _____

Signature _____

Printed Name _____ Date _____

Purposes and Extent

Maple Park 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 classes, 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 MPAC to limit the information collected, or to view your child's information, please contact us.