

MILTON GOSPEL HALL
AUTHORIZATION AND MEDICAL CONSENT FORM

For the school year 20__/20__

Information received is confidential and is being gathered for the purpose of serving your child while in the care of Milton Gospel Hall. Any medical information collected here serves to authorize Milton Gospel Hall, and its volunteers, to obtain medical assistance in emergencies.

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? Yes No

If yes, please explain. _____

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

If yes, please list. _____

Parents'/Guardian Name _____

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 a Milton Gospel Hall representative, 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 Milton Gospel Hall representatives and Milton Gospel Hall, and its Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Milton Gospel Hall, as well as of any medical treatment authorized by the supervising individuals representing the church. I/we, named above, agree that group photography may include the image of the participant named above.

This consent and authorization is effective only when participating in or traveling to events of the Milton Gospel Hall

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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 as stated below.

Signature _____ Date _____

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 _____

Signature _____ Date _____

Purposes and Extent:

Milton Gospel Hall 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 permanently as it is a requirement of our insurance company and legal counsel. If you wish Milton Gospel Hall to limit the information collected, or to view your child's information, please contact us.