



# Cranbrook Alliance Church

## Information, Authorization & Medical Consent Form 2022/2023 - Youth (grades 6-12)

Dear Parent,

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

### Information

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

Child's Name \_\_\_\_\_ Date of Birth m \_\_\_/d \_\_\_/y \_\_\_  
 Parent's Name \_\_\_\_\_ Child's Grade \_\_\_\_\_  
 School attended \_\_\_\_\_  
 Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Parent's Cell # \_\_\_\_\_  
 Parent Email \_\_\_\_\_  
 Child's Cell # \_\_\_\_\_ Child's Email \_\_\_\_\_

### Medical

By signing your consent on the reverse, you, the parent or guardian named above, authorize Cranbrook Alliance Church staff and volunteers to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. You, the parent or guardian named above, undertake and agree to indemnify and hold blameless the Cranbrook Alliance Church staff and volunteers, Cranbrook Alliance Church, its pastors and leadership team from and against any loss, damage, death or injury suffered by the participant as a result of being part of the activities of Cranbrook 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 traveling to events of Cranbrook Alliance Church.

BC Health # \_\_\_\_\_  
 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 to events?  Yes  No

If yes, please list and explain \_\_\_\_\_

## Emergencies

If a parent is not available during an emergency, who should be contacted instead?

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

## Photos

Permission is given for the reasonable use of photos for in-house church displays, promotional brochures, newsletters, website and on social media pages. If you have concerns with your child's photo being used please contact us.

## Communication

I give permission for Pursuit/Revive staff and volunteers to use email, texting, or other social media platforms in order to communicate information to myself and/or my child regarding Pursuit/Revive youth group related events and activities.

Yes  No

## Travel to Local Youth Events

By checking the 'yes' box and signing below you grant permission for Cranbrook Alliance Church staff, volunteers, or hired party to provide transportation for your child to attend official youth events taking place within the East Kootenay's. This includes but is not limited to the cities of Cranbrook and Kimberley, BC. In cases of concern, I understand that at any time I have the means and ability to ask questions, and/or withhold my child from attending any event I choose. The safety of your child is our primary concern; precautions will be taken for their wellbeing and protection.

(Specific permission is sought for trips exceeding these boundaries)

Yes  No

## Purposes & Extent

Cranbrook 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 ministry, 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 Cranbrook Alliance Church to limit the information collected, or to view your child's information, please contact us.

## Authorization & Consent

Parent Options (choose one of the following options):

1. I have read, understand and agree with the above and sign below to cover all student ministry activities for the program year effective from date signed below through to the end of August 2023.

Parent Name (Printed) \_\_\_\_\_

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

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

Activity \_\_\_\_\_ Activity Date \_\_\_\_\_

Parent Name (Printed) \_\_\_\_\_

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