



PO Box 685
Virden, MB R0M 2C0
(204) 748-2621



Authorization and Medical Consent Form

For the 2015-2016 school year

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Virden Alliance Church. Any medical information collected here serves to authorize Virden Alliance Church, and its Staff and Volunteers, to obtain medical assistance in emergencies.

Student's Name:	(First Name)	(Last Name)	Gender:	(M/F)	Date of Birth:	(MM)	(DD)	(YYYY)
Grade:		School:						
Parent(s) / Guardian(s):								
Address:	(Address/PO Box)		(Town)		(Prov.)	(Postal Code)		
Phone No(s):	(Home – Landline)	(Work)	(Mobile 1)		(Mobile 2)			
Email Address:	(Parent(s)/Guardian(s))			(Student)				
Health Reg. No.:		Emergency Contact:	(Name(s))		(Phone No(s).)			
Personal Health ID:		Family Doctor:	(Name)		(Phone No.)			
Allergies:								

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

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

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection. (Please turn over...)

I/We, the parents or guardians named above, authorize one of the Virden Alliance Ministry Staff and Volunteers to sign consent for medical assessment, treatment, or procedures for the participant named above.

I/We, named above, undertake and agree to indemnify and hold blameless Virden Alliance Church, its Ministry Staff, Board of Elders, and Volunteers from and against any loss, damage, or injury suffered by the participant as a result of being part of the activities of Virden Alliance Church 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 Virden Alliance Church.

Communication

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Program Personnel (staff and volunteers) to communicate with your Child via telephone, email, social media and text:

- | | |
|---|--|
| <input type="checkbox"/> Telephone (home / work / cell) | <input type="checkbox"/> Social Media Networks |
| <input type="checkbox"/> Email | <input type="checkbox"/> Text messages |

☐ I would like to receive periodic updates regarding the Virden Alliance Youth program using the email address(es) listed above.

☐ I would like my mobile number(s) listed above to be added to the *Remind* service (remind.com) in order to receive periodic updates regarding the Virden Alliance Youth program. *Remind* allows for mass communication via text messaging while keeping each person's phone number private. You may add yourself by texting **@vacpa** to (204) 817-1206, and you may unsubscribe at any time by texting **unsubscribe @vacpa** to the same number. Service provider messaging fees may apply.

Photos

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

- | | |
|---|---|
| <input type="checkbox"/> Brochures/Promotional Material | <input type="checkbox"/> Church (Bulletin Boards / Slide Shows) |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Videotaping | |

Purposes and Extent

Virden Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child in our youth program, 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 required by our insurance company and legal counsel. If you wish Virden Alliance Church to limit the information collected, or to view your child's information, please contact us.

Parent / Guardian Options

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

Parent/Guardian Signature:		Date:	(MM)	(DD)	(YYYY)
Print Name:					

This permission form is effective: September, 2015 to August, 2016