

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 Bethel Bible Chapel. Any medical information collected here serves to authorize Bethel Bible Chapel, and its staff and volunteers, to obtain medical assistance in emergencies.

My child participates at Bethel in: (please check all that apply)

Awana Sunday School Bethel Jr. Youth Group Bethel Youth Group

For the school year 20 ___/20 ___

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

Students' Name _____

Address _____
Street City Postal Code

Home Phone Number _____ Parent's E-mail _____

Cell Number 1 _____ Cell Number 2 _____

Age _____ Grade _____ Date of Birth _____
Month Day Year

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

Does your child have any physical, emotional, mental, behavioural Yes No concerns or limitations that our staff should be aware of? If yes, please explain.

Is your child bringing any medication with him/her? Yes No
If yes, please list.

Parents'/Caregivers' Name(s) _____

In parents can't be reached, contact _____
Name Relationship Phone

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

I/we, the parents or caregivers named above, authorize one of the Bethel Bible Chapel Ministry 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 the Ministry Staff, Bethel Bible Chapel, its Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Bethel Bible Chapel, 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 Bethel Bible Chapel.

Photos/Videos

At times our ministry staff may take photos or videos containing your child for reasonable use in brochures or promotional material, in newsletters or annual reports or on Bethel’s website.

I give permission to Bethel Bible Chapel to use any image or likeness of my child for promotional purposes.

Student Ministry Activities

I give permission for my child to participate in scheduled activities, which will be held at Bethel Bible Chapel and at other locations during the year.

(Note: Notices will be sent home in advance of such activities)

I, _____, have read and agreed to the above statements.
Print Name

Parent/Caregiver Signature _____ Date _____

Purposes and Extent

Bethel Bible Chapel 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 Bethel. This information will be maintained indefinitely. If you wish Bethel Bible Chapel to limit the information collected, or to view your child’s information, please contact us.



www.bethelbiblechapel.com