



**AND MEDICAL CONSENT FORM**

Information received is confidential and is being gathered for the purposes of serving your child while in the care of First Baptist Church, Orillia. Any medical information collected here serves to authorize First Baptist Church, Orillia and its staff and volunteers, to obtain medical assistance in emergencies. The safety of your child is our primary concern. Precautions will be taken for their well being and protection.

**PLEASE NOTE:** In the case of custody agreements, please include the proper form authorizing parental contacts.

**CHILDREN MUST BE ENTERING SK – GRADE 6 IN SEPTEMBER TO REGISTER**

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth (y/m/d) \_\_\_\_\_ Grade Entering Sept. 2016 \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Alternate Emergency Contact (Name, Relationship, Phone) \_\_\_\_\_

Camper Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies/ Special Notes \_\_\_\_\_

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.

Small Group Friend Request \_\_\_\_\_

Please Indicate Date Attending:

☐ July 25 – July 29, 2016 (Cost: \$75)

☐ August 02 – August 05, 2016 (Cost: \$60)

☐ Both Weeks \*identical programming\* (Cost: \$135)

Will you be using our bus service at Monsignor Lee Catholic School (14 Fittons Rd. E)

☐ Yes (8:30AM pick up; 4:40PM drop off)

☐ No

Camper Name \_\_\_\_\_

**PURPOSES AND EXTENT:** First Baptist Church, Orillia 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 First Baptist Church to limit the information collected, or to view your child's information, please contact us.

**MEDICAL:** I/we, the parents or guardians named above, authorize Ryan Shevalier or one of the First Baptist Church, Orillia Ministry Personnel, 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.

**INDEMNIFICATION:** I/we, the parents or guardians named above, undertake and agree to indemnify and hold blameless First Baptist Church, Orillia, the Board of Elected Elders and Ministry Personnel from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of First Baptist Church, Orillia 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 or from events of First Baptist Church, Orillia.

**PHOTOS:** I/we, the parents or guardians named above, grant permission for the reasonable use of pictures containing our child in any or all of the following ways (please indicate any or all):

☐ Brochures/Promotional material

☐ Church

☐ Website

☐ Newsletters

**CAMP ACTIVITIES:** I/we, the parents or guardians named above, have read, understood, and agree with the above and sign it to cover the activity/activities listed below (please indicate which activities your child will plan to attend).

☐ Activity: **Inflatables Day - 265 Coldwater Rd W, Orillia, ON**  
*Date: July 25, 2016 and/or August 02, 2015*

☐ Activity: **Tudhope Beach – Orillia, ON**  
**\*\*PARTICIPANTS MUST BRING BATHING SUIT AND TOWEL\*\***  
*Date: July 26, 2016 and/or August 03, 2016*

☐ Activity: **Chappel Farms – 617 Penetanguishene Rd, Barrie, ON L4M 4Y8**  
*Date: July 27, 2016 and/or August 05, 2016*

☐ Activity: **Elmvale Jungle Zoo – 14191 Simcoe County Rd 27, Phelpston, ON L0L 2K0**  
*Date: July 28, 2016 and/or August 04, 2016*

☐ Activity: **On Site Activities - 265 Coldwater Rd W, Orillia, ON**  
*Date: July 29, 2016*

**I have read, understood and agree with the above and sign it to cover the activities listed above.**

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_