

Authorization and Medical Consent Form

Appendix 2

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

For the school year 20 /20

Please include a picture of your youth along with this form.



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

Student Name _____ Date of Birth _____

Address _____

Phone Number _____ Parent's Work Number _____

Personal Health Card Number _____

Family Doctor _____ Phone Number _____

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? Yes
 No

If yes, please list.

Parents'/Guardians Name _____

In case of emergency, contact _____

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

Parent Signature _____

Printed Name _____ Date _____

I/We, the parents or guardians named above, authorize Pastor _____ or one of the Hawkwood Baptist Church 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 Pastor, Ministry Staff, Hawkwood Baptist Church, its Pastors and 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 the Hawkwood Baptist 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 travelling to event of the Hawkwood Baptist Church.

Photos

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

- Brochures/Promotional material
- Website

- Church
- Newsletters