

# AUTHORIZATION AND MEDICAL CONSENT FORM

For the school year 2015-2016

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Parents' Work # \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Health Card # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

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

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

Parents'/Guardian Name \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_

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

.....  
I/we, the parents or guardians named above, authorize Pastor Mike Aldred or one of the Knox Presbyterian 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 Mike Aldred, the Staff, Knox Presbyterian Church, its Ministers, its Session, and its Board of Managers from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Knox Presbyterian Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

Parent/Guardian Signature:

I have read, understood and agree with the above and sign it to cover all Student Ministry activities for the program year effective as stated below.

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

Effective from date signed through August 31, 2016

This consent and authorization is effective only when participating in or traveling to events of the Knox Presbyterian Church.

.....  
I/we, named above, undertake and agree to grant Pastor Mike Aldred or one of the Knox Presbyterian Church Ministry Staff and its legal representatives the irrevocable right and unrestricted permission to use and publish photographs, video images for any purpose authorized by Knox Presbyterian Church, including but not limited to: website use, editorial publications, catalogue and advertising use. This undertaking includes the right to modify and retouch the images in the discretion of Knox Presbyterian Church. I understand that the circulation of such materials could be worldwide and that there will be no compensations to me for this use. I also understand that I will not be given the opportunity to inspect or approve the finished products or the copy or the printed matter that may be used in connection therewith. In granting this permission to Knox Presbyterian Church and its legal representatives, I am fully and without limitation releasing it from any liability that may arise from the use of the images.

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

This consent and authorization is effective only when participating in or traveling to events of the Knox Presbyterian Church.

.....