



Emmanuel Youth Ministries
Christ-centred. Real-life. Discipleship.

Authorization and Medical Consent Form 2018-19

Youth Name: _____ Birthdate: _____
(dd/mm/yy)
Address: _____
City: _____ Postal Code: _____
Youth Email: _____ School: _____
Parent(s) or Guardian(s) Name: _____
Phone Number [Home] _____ [Mom's Cell] _____
Parent(s) Email: _____ [Dad's Cell] _____

Medical Health Card Number: _____
Family Doctor: _____ Phone Number: _____
Emergency Contact Person: _____ Phone Number: _____
(other than yourself)

Relationship: _____

Does your child have any health problems, allergies, medications? Yes No

If yes, please explain: _____

Does your child have any behavioural, emotional, or physical limitations or concerns? Yes No

If yes, please explain: _____

Does your child have the ability to swim? Yes No

I/we, the parents or guardians named above, authorize Pastor Aaron Johnson or one of the Emmanuel Baptist Church ministry leaders 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 Aaron Johnson, the ministry leaders, Emmanuel Baptist Church, its Pastors and Board Members from and against any loss, damage, or injury suffered by the participant as a result of being apart of the activities of Emmanuel 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 traveling to events of Emmanuel Baptist Church. I understand that not all youth events are held at the church. I give my child permission to participate in events that take place away from the church, understanding that they will be traveling by bus, rental van, or personal vehicles driven by adult volunteers. I/we understand that photos or videos may be taken of my child during a youth event and may be used in promotional materials both print and web. I/we give permission to be contacted by email about Youth Ministry related events and information.

Parent or Guardian Consent

I have read, understood, and agree with the above and sign it to cover my child for all Emmanuel Baptist Church sponsored events from Sept.1st, 2018 to Aug. 31st, 2019.

Signature: _____ Date: _____