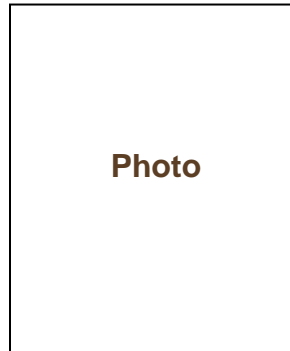


REGISTRATION AND MEDICAL CONSENT FORM

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

For the school year 2016 /2017

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



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

Student Name _____ Date of Birth _____

Parents/Guardians _____

Address _____

Home Phone Number _____ Parents' Work Number(s) _____

Parents' Cell(s) _____ Students' Cell _____

Parent email(s) _____

Student email _____

How can we best forward information regarding youth events & activities?

To Parent's:

Email Facebook Cell Other _____

To Student:

Email Facebook Cell Other _____

Medical Information

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

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.

In case of an emergency, contact _____

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

I/we, the parents or guardians named above, authorize Pastor Bernd or one of the Beaumont Community 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 Bernd, the Ministry Staff, Beaumont Community 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 Beaumont Community 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 the Beaumont Community Church.

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.

Parent Name _____

Printed Signature _____ Date _____

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

Church

Website

Newsletters

Parent Name _____

Parent Signature _____ Date _____

Purposes and Extent

Beaumont Community Church 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 Beaumont Community Church to limit the information collected, or to view your child's information, please contact us.