**AUTHORIZATION AND MEDICAL CONSENT FORM**

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

**For the school year 2023/2024**

**Please also attach your $10 registration fee**

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

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parents Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural Yes No

concerns or limitations that our staff should be aware of?

If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child bringing any medication with him/her? Yes No

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, ( parent’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the following person(s) to pick my child up following any activity sponsored by TRINITY FULL GOSPEL CHURCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I understand that my child will not be permitted to leave the building unless myself or one off these listed individuals enters the building to meet them.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I/we, the parents or guardians named above, authorize Pastor John Schultz or one of the TRINITY FULL GOSPEL 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 John Schultz , the Ministry Staff, TRINITY FULL GOSPEL 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 TRINITY FULL GOSPEL 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 events of the TRINITY FULL GOSPEL 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 Church

 Website Newsletters

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Student Ministry Activities**

 I have read, understood and agree with the above and sign it to cover only the activity listed below.

Activity: **Trinirty Kids Wednesday Evenings from 6;30-8:00 pm**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Purposes and Extent**

TRINITY FULL GOSPEL 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 on-going 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 TRINITY FULL GOSPEL CHURCH to limit the information collected, or to view your child’s information, please contact us.

705-878-8050

e-mail: trinity.coby@gmail.com

**PLEASE NOTE:**

**For your children’s safety parents are kindly asked to ENTER THE BUILDING to pick up your children at the conclusion of each TRINITY KIDS NIGHT. Trinity Full Gospel Church will not release your children without a parent or an authorized individual present.**