

YOUTH - 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 West Zion Mennonite Church. Any medical information collected here serves to authorize West Zion Mennonite Church, and its staff and volunteers, to obtain medical assistance in emergencies.

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

Student Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Parents' Work Number: _____

Parents' Cell Number: _____ Students' Cell Number: _____

Parent's E-mail Address: _____ Students' E-mail Address: _____

May West Zion Mennonite Church send you a weekly email/text reminder of upcoming youth events? Yes No (You may unsubscribe at anytime)

Does the parent and/or student have Facebook? Yes No

If yes, whose account would you like to have added to the West Zion Group? _____

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 or her? Yes No

If yes, please list: _____

In case of an emergency, contact _____

Printed Parents'/Guardian Name: _____

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

I/we, the parents or guardians named above, authorize the Pastors of West Zion Mennonite Church or one of the West Zion Mennonite Church Ministry Volunteers to sign 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 the Pastors of West Zion Mennonite Church, the Ministry Volunteers, West Zion Mennonite Church 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 West Zion Mennonite 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 West Zion Mennonite Church.

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

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church |
| <input type="checkbox"/> Website | <input type="checkbox"/> FaceBook |
| <input type="checkbox"/> Newsletters | |

Parent/Guardian Signature: _____ Date: _____ For the year(s): **2017 through**
Please include the year your youth turns 18

Purposes and Extent

West Zion Mennonite 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 West Zion Mennonite Church to limit the information collected, or to view your child's information, please contact us.