

GREENWOOD AVENUE BAPTIST CHURCH Youth Ministry
Authorization and Consent Form

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

Student's Name _____ Date of Birth _____

Grade as of September 2020 is _____

Address _____

Phone Number _____ Parents' Work Number _____

Parent(s) Name _____

Parent(s) email _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

Relation to child _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? Yes No (Please Circle)

If yes, please explain:

Is your child bringing any medication with him/her? Yes No (Please Circle)

If yes, please list.

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 below, authorize one of the GREENWOOD AVENUE BAPTIST CHURCH Youth Ministry Personnel 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.

SEE OTHER SIDE....

I/we, named below, undertake and agree to indemnify and hold harmless Ministry Personnel, GREENWOOD AVENUE BAPTIST CHURCH, its Pastors, Staff 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 GREENWOOD AVENUE 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 sponsored by the GREENWOOD AVENUE BAPTIST CHURCH.

Communication (FOR YOUTH GRADES 5-12 ONLY)

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Program Personnel (Staff and Volunteers) to communicate with your child via telephone, email, social media and text. (PLEASE CIRCLE and provide contact info where necessary)

Telephone (home/work/cell): Yes No _____

Social Media Networks: Yes No _____

Email: Yes No _____

Text Messages: Yes No _____

Media Release

I _____ parent/guardian of _____ give permission for my child to have their photo/video taken for the purposes of Greenwood Baptist Church promotional material and give full rights of any and all media taken to Greenwood Baptist Church.

Purposes and Extent

GREENWOOD AVENUE BAPTIST 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 GREENWOOD AVENUE BAPTIST CHURCH to limit the information collected, or to view your child's information, please contact us.

Parent / Guardian Signature

I have read, understood and agree with above and sign it to cover all Youth Ministry activities for the 2020/2021 school year, effective today's date as indicated below

Parents'/Guardian Signature _____

Printed Name _____ Date _____