

AUTHORIZATION AND MEDICAL CONSENT FORM

Purposes and Extent:

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

Information received is confidential and is being gathered for the purpose of serving your child while in the care of Edgewater Alliance Church. Any medical information collected here serves to authorize EAC's staff and volunteers, to obtain medical assistance in emergencies.

For the school year 2017 /2018

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

Parent(s) Name _____
Parent's Cell Number _____ Parent's Work Number _____
Student Name _____ Date of Birth _____
Address _____
Student Phone Number _____
Insurance Company and Policy Number _____
Physician _____ 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 / her? Yes or No
If yes, please list.

Parents'/Guardian Name _____
Parent's/Guardian Signature _____
In case of an emergency contact (Name) _____
Emergency Contact Number _____

I/we, the parents or guardians named above, authorize Edgewater Alliance 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 Edgewater Alliance Church, its pastors, representatives, 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 Edgewater Alliance 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 Edgewater Alliance Church.

Parent Signature _____

Printed Name _____ Date _____

Communication:

Ministry Personnel (Staff and Volunteers) may contact your child for the dissemination of information and/or ministry purposes.

Parent Signature _____

Printed Name _____ Date _____

Transportation:

There are certain events, outings, and activities sponsored or endorsed by Edgewater Alliance Student Ministries that require vehicular transportation of students. While it is a top priority of Edgewater Alliance student ministries to keep your child safe, we know there are always possibilities of unforeseen hazard. By signing below, you grant permission for your child to be transported in a vehicle by EASM ministry personnel (staff and volunteers) for all events, outings, and activities sponsored or endorsed by Edgewater Alliance Student Ministries and attest that you are aware of the risks associated with vehicular transportation. By signing below, you also assume any expenses that may be incurred in the event of an accident, illness, or other incapacity regardless of whether you have authorized such expenses.

Parent Signature _____

Printed Name _____ Date _____

Student Ministry Activities

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.

Signature _____

Printed Name _____ Date _____

