

# MARKHAM BIBLE CHAPEL

## AUTHORIZATION & MEDICAL CONSENT FORM

Appendix 4

2014-2015 Youth Group Year

### I/WE AM AVAILABLE:

☐ to provide a snack    ☐ to provide ride(s) to outings. **NOTE:** you will be contacted well in advance for both

### PARTICIPANT INFORMATION (please print) • IMPORTANT: Complete ALL info

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_ ☐ WORK  
DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_ ☐ CELL  
PARTICIPANT'S E-MAIL: \_\_\_\_\_  
PARENT/GUARDIAN'S E-MAIL: \_\_\_\_\_

### MEDICAL INFORMATION (please print)

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_  
FOOD ALLERGIES: \_\_\_\_\_  
PHYSICAL, EMOTIONAL, MENTAL OR BEHAVIORAL CONCERNS THAT THE LEADERS SHOULD BE AWARE OF:  
\_\_\_\_\_  
PERSCRIBED MEDICATION TAKEN WHILE IN OUR CARE: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (please print)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**The safety of each participant is our primary concern and precautions will be taken for their wellbeing and protection.**

### CONSENT/WAIVER

I/we, the parents/guardians named above, authorize the Markham Bible Chapel Youth Group leaders 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 the Markham Bible Chapel Youth Group leaders, Markham Bible Chapel and its Elders against any loss, damage or injury suffered by the participant as a result of being part of activities held at, or sponsored by, Markham Bible Chapel as well as any medical treatment authorized by the supervising individuals representing the church. I/we, named above, agree that group and/or individual photography may include the image of the participant named above. This consent and authorization is effective only when participating in or traveling to/from events of Markham Bible Chapel.

☐ **A:** I have read, understand and agree with the above and sign it to cover **all Student Ministry activities** (including Winter Weekend and Scotlea Weekend) **for the 2014-2015 program year** effective as stated below:

Signature: \_\_\_\_\_ Effective: \_\_\_\_\_, 2014 through May 8, 2015

☐ **B:** I have read, understand and agree with the above Consent/Waiver and sign it to cover **only the activity listed below:**

Activity: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_