

**Authorization and Medical Consent Form**  
*For the school year 2015-2016*



Student's Name: \_\_\_\_\_

Street address: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Parents'/ Guardian's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Work #: \_\_\_\_\_

Health Card #: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, please explain. \_\_\_\_\_

Is your child bringing any medication with him/her? If yes, please explain. \_\_\_\_\_

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 above, authorize one of the Lawson Heights Alliance Ministry Staff and Volunteers to sign consent for medical assessment, treatment or procedures for the participant named above.

I/We, named above, undertake and agree to indemnify and hold blameless the ministry staff, Lawson Heights Alliance 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 Lawson Heights 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 the Lawson Heights Alliance Church.

Lawson Heights Alliance Church is collecting and retaining this personal information for the purpose of enrolling you child in our programs, ensuring the safety of your child, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church.

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This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Lawson Heights Alliance Church to limit the information collected, or to view your child's information, please contact us.

I have read, understood and agree with the above and sign it to cover all activities for the program year effective as stated below.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please place a checkmark in the box and sign below and to grant 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"/> Newsletters |

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_