

# Abundant Life Baptist Youth Ministry

## MEDICAL FORM

### PERSONAL INFORMATION

Youth Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### EMERGENCY INFORMATION

Parent or Guardian Name: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Person to notify if parent or guardian cannot be reached:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

### MEDICAL INFORMATION / MANITOBA HEALTH INSURANCE

Personal Health ID No: (9 digit) \_\_\_\_\_ Registration No: (6 digit) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Any Medications, Dietary Needs or Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION

In the event that my son/daughter requires special medical treatment during his/her participation in such activities, including transportation to and from the activity, I the parent/guardian will be notified immediately.

If all reasonable attempts to contact me have been unsuccessful, I hereby consent and give my permission to the physician(s) and any other medical personnel selected by the adult youth leaders or volunteers of Abundant Life Baptist Church to hospitalize, secure proper medical treatment for, and/or to order x-ray examination, injection, anesthetic, surgery or dental diagnosis for my child as named above which may in their safe discretion be necessary.

I hereby warrant that to the best of my knowledge, my son/daughter is in good health and I assume all responsibility for the health of my child. I agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

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

# Abundant Life Baptist Youth Ministry

## PARENTAL/GUARDIAN CONSENT and LIABILITY RELEASE FORM

### LOST OR STOLEN ITEMS

Abundant Life Baptist (including the adult youth leaders and volunteers) will not be held liable for any personal valuables lost or stolen at any youth event.

### PHOTOGRAPH AND/OR VIDEO RELEASE

At various times throughout the year, photographs and/or videos may be taken of the events that your youth will be taking part in. These photographs or videos will only be used within the context of Abundant Life Baptist and its' Youth Ministry.

Please check one:

- I DO      { ...give permission for photographs and/or videos of my youth to be used solely for the purposes of Abundant Life Baptist and its' Youth Ministry.
- I DO NOT

### TRANSPORTATION

I hereby give permission for my son or daughter to participate in youth events that requires transportation to a location away from Abundant Life Baptist. I understand that this activity or event will take place under the guidance and supervision of adult youth leaders and/or volunteers from Abundant Life Baptist.

After a Youth event, to get home, my youth will/can... (mark all that may apply):

\_\_\_ walk    \_\_\_ take the bus    \_\_\_ be picked up by a family member    \_\_\_ need a ride    \_\_\_ other \_\_\_\_\_

### ADDITIONAL INVOLVEMENT

Please check one:

- I DO      { I grant permission for my youth to help in different ministries within Abundant Life Baptist Church, as interest and possibilities permit.
- I DO NOT

### RELEASE OF LIABILITY

It is my understanding that participating in the programs and activities of the Abundant Life Baptist Youth Ministry is a privilege. I hereby give permission for my son or daughter \_\_\_\_\_ to participate and engage in the activities of Abundant Life Baptist Youth Ministry.

I further release Abundant Life Baptist and its' employees, adult youth leaders and volunteers from any and all liability claims arising from my son or daughter's participation in its activities and programs, or as a result of accident, injury, illness or wrongful death caused by negligence or any other cause of my son or daughter during such activities.

I represent that I am the parent and/or guardian of the youth named above, who is under 18 years of age. I fully understand the consequences of and sign this Parental Consent & Liability Release form knowingly, freely and willingly.

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

### ADDITIONAL PARENT/GUARDIAN CONTACT INFORMATION (OPTIONAL)

Email Address(es): \_\_\_\_\_