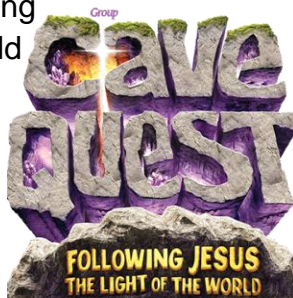


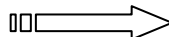
AGES 4 to 10 AUG. 14 to 18 9am 'til Noon COST \$15 each(max \$30 per family) Paid?
Early Bird Registration:\$10 each (max \$20 per family) if reg. forms & fee received before Aug. 1st

AUTHORIZATION AND MEDICAL CONSENT FORM

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



Please include a picture of your child/youth along with this form.



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

Student Name _____ Date of Birth _____

Male ___ Female ___ Name of School _____ Current Age _____

Address _____

Phone Number _____ Parent/Guardian Work Number _____

Cell Phone Number _____ Email _____

Health Card Number _____

Family Doctor _____ Doctor's Phone Number _____

Allergies _____

Does your child have any physical, emotional, mental, behavioural 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 No
If yes, please list.

Parents/Guardian's Name(s) _____

In case of an emergency, contact _____

The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Parent/Guardian Signature _____

Printed Name _____ Date _____

I/we, the parents or guardians named above, authorize the Pastor, or one of the Church on the Hill 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 Pastor, the Ministry Staff, Church on the Hill, 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 Church on the Hill, 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 Church on the Hill.

PHOTOS

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

- Brochures/Promotional material
- Church
- Website
- Newsletters

Parent/Guardian Signature _____

STUDENT MINISTRY ACTIVITIES

Parent/Guardian:

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

Vacation Bible School Week: AUGUST 14 - 18, 2023

***Also, VBS Sunday for the whole family! – August 20, 2023.*

- Effective from date signed through August 20, 2023

Signature _____

Printed Name _____ Date _____

PURPOSES & EXTENT

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