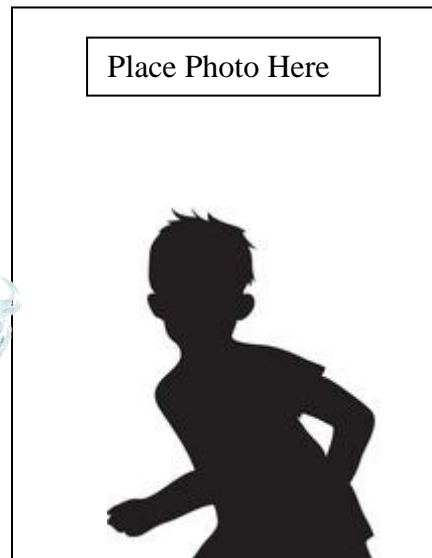


**AGES 5 to 11**    **AUG. 22 to 26**    **9am 'til Noon**    **COST \$10 each**    **Paid?**

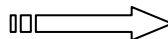
*(Max \$20 per family. **Early Bird Registration: \$5 !** if registration form & fee are received before Aug.5<sup>th</sup>)*

**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 22 - 26, 2022**

*\*\*Also, VBS Sunday! – August 28, 2022. (Morning Service and BBQ)*

**- Effective from date signed through August 28, 2022**

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.