

One-time Waiver

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

Name of Child: _____ Date of Birth: _____

Address: _____ PC: _____

Phone Number: _____ Parents Cell: _____

Emergency contact (someone other than parent/guardian): _____

Emergency contact's phone number: _____

Provincial Health Card Numbers (both 9& 6 digits): _____

Family Doctor: _____ Phone Number: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES _____ NO _____ If yes, please explain: _____

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs)

YES _____ NO _____ If yes, please explain: _____

In the instance of a 2-5 hour event will your child bring any medication with him or her? (Antibiotics, ventilator, Ritalin) YES _____ NO _____ If yes, please explain: _____

(Note: Please turn in all medications to the youth pastor or youth ministry assistant)

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, EEFC, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Parents'/Guardian Name(s): _____

Parent/Guardian's Signature: _____

Date: _____

Effective from date signed through September 1, 2012

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
- Website
- Posted on our Facebook group page
- Church
- Newsletters

Parent signature: _____

Date: _____

Effective from date signed through September 1, 2012

Electronic communication with Youth Leaders

Please sign below to grant permission for your child to communicate with youth leaders in any or all of the following ways:

- E-mail
- Texting
- Facebook
- Phone Calls

Parent Signature: _____

Date: _____

Effective from date signed through September 1, 2012

Purposes and Extent

Emmanuel Evangelical Free church 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 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 Emmanuel Evangelical Free church to limit the information collected, or view your child's information, please contact us.