



Appendix 7 - Youth Ministry Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Shuswap Community Church. Any medical information collected here serves to authorize SCC, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent / Caregiver.

Youth's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? [] Yes [] No

If yes, please explain:

Three horizontal lines for explaining physical, emotional, mental, behavioural concerns or limitations.

Is your Child bringing any medication with him/her? [] Yes [] No

If yes, please list.

Three horizontal lines for listing medication.

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 below, authorize [program leader] or one of Shuswap Community Church Youth Ministry Personnel 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 below, undertake and agree to indemnify and hold harmless Ministry Personnel, Shuswap Community Church, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of SCC, as well as of any medical treatment authorized by the supervising individuals representing SCC. This consent and authorization is effective only when participating in or traveling to events sponsored by SCC.

Approval Date: _____

Approved by: _____

Notice to: _____



Shuswap Community Church Plan to Protect® Policy

Appendix 7

Communication:

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Ministry Personnel (staff and volunteers) to communicate with your Child via telephone, email, social media and text:

- Telephone (home / work / cell)
- Social Media Networks
- Email
- Text messages

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
- Organization
- Website
- Newsletters
- Videotaping

Purposes and Extent

Shuswap Community 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 you and your child, and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Shuswap Community Church to limit the information collected, or to view your child’s information, please contact us.

Parent / Guardian Options

I have read, understood and agree with above and sign it to cover all Youth Ministry activities for the program year effective as stated below. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

Parents’/Guardian Signature _____

Printed Name _____ Date _____

This permission form is effective: DATE _____ to _____

Approval Date: _____
Approved by: _____
Notice to: _____