



# Grandview Student Ministries 2016-2017 School Year



## 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 Grandview Baptist Church. Any medical information collected here serves to authorize Grandview Baptist Church, and its staff and volunteers, to obtain medical assistance in emergencies.

### Section A

**For the dates between:** September 5, 2016 and June 30, 2017

Student Name \_\_\_\_\_

**Please note:** *If you have already provided us with the information requested below, please skip section "B" and "D." If you are not sure, or if anything has changed, please fill in the information below.*

### Section B

Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**In case of an emergency, contact:** \_\_\_\_\_

Allergies \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_

Parents' Email Address \_\_\_\_\_

**(Please turn the page to continue)**

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### Section C

I/we, the parents or guardians, by signing below, authorize Andrew Melo or one of the Grandview Baptist Church ministry staff/volunteers 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, undertake and agree to indemnify and hold blameless Andrew Melo, the ministry staff/volunteers, Grandview Baptist Church, 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 Grandview Baptist Church, 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 Grandview Baptist Church.

I/we have read, understood and agree with the above and sign it to cover the dates listed above. By signing below I/we, the parents or guardians named below, also give \_\_\_\_\_ (child's name) permission to attend Grandview's Student Ministry events during the dates listed above.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Section D

Please indicate which of the following applies:

- I would like to be added to the parent email
  - Jr. High
  - High School
- I consent to the use of my child's picture for the purposes of Grandview's ministry
- I permit Andrew and youth ministry volunteers to communicate with my child via social media