



# Grandview Student Ministries 2020-2021 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, Tim Mudde, its staff and volunteers, to obtain medical assistance in emergencies.

### Section A

**For the dates between:** July 1<sup>st</sup> 2020 – August 31<sup>st</sup> 2021

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

Parents'/Guardians' Name(s) \_\_\_\_\_

**Please note:** *Please update or provide us with your latest information pertaining to Section's B and D.*

### Section B

Phone Number \_\_\_\_\_ Parents' Primary Number \_\_\_\_\_

Home Address \_\_\_\_\_

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

Family Doctor \_\_\_\_\_ Family Doctor's Phone Number \_\_\_\_\_

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

Allergies \_\_\_\_\_

Student's Contact Information \_\_\_\_\_

Student's Birthday \_\_\_\_\_

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

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

# Grandview Student Ministries

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### Section C

I/we, the parents or guardians, by signing below, authorize 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 identify and hold blameless Tim Mudde, 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 travelling 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 the Grandview staff and youth ministry volunteers to communicate with my child via **social media if and when applicable**
- I permit the Grandview staff and youth ministry volunteers to communicate with my child via **text if and when applicable**
- I permit the Grandview staff and youth ministry volunteers to communicate with my child via **email if and when applicable**

**(Please continue on the following page)**

# COVID-19

Grandview Church strives to ensure the health and safety of all its staff, volunteers and attendees. Exposure to COVID-19 is an inherent risk in any public location where people are present; we cannot guarantee you will not be exposed during any GVCSM event.

Parents/guardians will be responsible to self-screen their children with the questions below before allowing them to attend each GVCSM event.

## Screening questions

**Students must be able to answer “no” to these questions.**

1. Do you have any of the following new or worsening symptoms or signs? Fever, new or worsening cough, shortness of breath, sore throat, runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip), hoarse voice, difficulty swallowing, new smell or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain, unexplained fatigue/malaise, chills, headache.
2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?
3. Are you awaiting a COVID-19 test result? Or have you been in close contact with someone who is actively awaiting a COVID-19 test result?
4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19 in the last 14 days?

By signing below, I/we agree to screen our children before sending them to any GVCSM event. I/we will refrain from letting them attend if they answer yes to any of the above questions.

Signature \_\_\_\_\_

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