



INFORMED CONSENT & PERMISSION FORM

KIDZONE KIDS' CLUB – INFORMED

Tuesday, September 26, 2017 – April 24, 2018

(No event on Dec 19, 26, Jan 2, Mar 13)

At Wallenstein Bible Chapel

Tuesday evenings from 6:30 pm – 8:15 pm

A fun evening of stories, games, singing, snacks and crafts.

Leaders/Chaperones: Evelyn Brubacher, Deborah Clemmer, Rose Weber, Jill Martin, Gareth & Katelyn Martin, Karen Weber

KIDZONE KIDS' CLUB – Tuesday, September 26, 2017 – April 24, 2018

Name of child: _____ Birth Date (D/M/Y): _____

Parent/Guardian Name: _____

Address: _____ Postal Code: _____

Phone: _____ Cell: _____

Alternate emergency contact name and phone number: _____

If you would like to receive update e-mails, please add the e-mail address (es) below:

MEDICAL INFORMATION

Does your child have any severe or life-threatening allergies?
(bee stings, food, penicillin, other drugs, etc.) Yes _____ No _____ (if yes, explain on back)

Is your child bringing any medication with him or her? (antibiotics, ventilator, ritalin) Yes ____ No ____ (If yes, explain on back)

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 on back)

- Note:
- Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Wallenstein Bible Chapel, 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.
 - In case of surgical emergency, I hereby give permission to the physician selected by Wallenstein Bible Chapel to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance. OHIP # (optional) _____

Name of Family Physician: _____ Physician's Phone Number: _____

PURPOSES AND EXTENT

Wallenstein Bible Chapel 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 Wallenstein Bible Chapel to limit the information collected, or to view your child's information, please contact us.

PHOTO/VIDEO PERMISSION

I give permission for me and my child(ren)'s picture or any photographic/video footage taken of my child(ren) to be used for identification pictures for security or in other (Organization) Church promotional materials for any church use. I acknowledge that these photographs will be store on the (Organization) computer for these purposes. YES NO

Parent/Guardian/Adult Signature: _____ Date: _____