



### Authorization and Medical Consent Form

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

**For the school year 2023/2024**

<b>Student Name:</b>	<b>DOB:</b>	<b>Age:</b>
<b>Health Card Number:</b>	<b>Grade:</b>	<b>M/F:</b>

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, please explain. Additionally, please provide any notes/special information or instructions that our staff should know in the box below:

<b>Student Name:</b>	<b>DOB:</b>	<b>Age:</b>
<b>Health Card Number:</b>	<b>Grade:</b>	<b>M/F:</b>

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, please explain. Additionally, please provide any notes/special information or instructions that our staff should know in the box below:

<b>Student Name:</b>	<b>DOB:</b>	<b>Age:</b>
<b>Health Card Number:</b>	<b>Grade:</b>	<b>M/F:</b>

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, please explain. Additionally, please provide any notes/special information or instructions that our staff should know in the box below:

<b><u>Student Name:</u></b>	<b>DOB:</b>	<b>Age:</b>
<b>Health Card Number:</b>	<b>Grade:</b>	<b>M/F:</b>

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, please explain. Additionally, please provide any notes/special information or instructions that our staff should know in the box below:

*Please be advised that Ministry Personals are not permitted to give or apply any medications.*

**Parent(s)/Guardian(s) Contact Information**

<b>Guardian Name (First and Last):</b>	Legal Guardian:     Mother     Father Other: _____
Phone Number (Work and cell if possible):	Address (Street, city, and postal code):
E-mail:	Additional Information:

<b>Guardian Name (First to Last):</b>	Legal Guardian:     Mother     Father Other: _____
Phone Number (Work and cell if possible):	Address (Street, city, and postal code):
E-mail:	Additional Information:

*Are there any custody concerns we should be aware of that will help us protect your child?     Yes     No*

**Release Statement:**

I, the parent or guardian named below, authorize the ministry staff of All Nations Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the child named above. I undertake and agree to indemnify and hold blameless the ministry staff and volunteers, All Nations Church, its' pastors, and Pastor's Council from and against any loss, damage or injury suffered by the child as a result of being part of the programs of All Nations Church as well as of any medical treatment authorized by the supervising individuals representing the church.

I have read, understood and agree with the above and sign it to cover my child(ren)'s participation in all Kid Nation activities through All Nations Church for the 2021/2022 program year effective as stated below.

**Parent or Guardian Name** (please print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photography and Recorded Media Consent:**

I, the parent or guardian of grant All Nations Church my permission to use photographs depicting (included but not limited to) church services, activities, VBS, and other Kid Nation and All Nations Church events for any legal use such as publicity, copyright purposes, illustration, advertising, and web/social media content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child/renName:** \_\_\_\_\_

**Purpose & Extent:** All Nations 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 Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish All Nations Church to limit the information collected, or to view your child's information, please contact us.