

# **Registration for Faith Finders**

## **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 Rocky Mountain House Alliance Church. Any medical information collected here serves to authorize Rocky Mountain House Alliance Church, and its staff and volunteers, to obtain medical assistance in emergencies.

**For the school year 2022/2023**

Student Name \_\_\_\_\_ Birthday \_\_\_\_\_ School Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email address to contact primary parent/guardian \_\_\_\_\_

If parents are divorced, who does the child primarily live with? \_\_\_\_\_

Are there custody agreements or issues that we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Guardian's Name (if child is not living with parents) \_\_\_\_\_

AHC# \_\_\_\_\_ Family Doctor \_\_\_\_\_

Allergies \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If so, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child bringing any medication with him/her? If so please list and give instructions. \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (Name and Phone Number) \_\_\_\_\_

The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

I/we, the parents or guardians named above, authorize one of the Rocky Mountain House Alliance Church Ministry Staff 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 above, undertake and agree to indemnify and hold blameless the Ministry Staff, Rocky Mountain Alliance 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 the Rocky Mountain Alliance 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 events of the Rocky Mountain House Alliance Church.

### **Photos**

Please check below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

- ☐ Brochures/promotional material
- ☐ Church
- ☐ Newsletters

### **Purposes and Extent**

Rocky Mountain House Alliance 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 Plan to Protect Policies. If you wish Rocky Mountain House Alliance Church to limit the information collected, please contact us.

Parent Signature \_\_\_\_\_

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