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 2020/2021

Student Name ___________________________________ Birthdate _________________ 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? _____________

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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. ____________________________________

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

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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________________________