



Grandview Student Ministries 2021-2022 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: September 1st 2021 – August 31st 2022

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)

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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. Additionally, GVCSM volunteers will check to make sure all students attending are able to answer no to the screening questions each week.

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 and or chills, cough or barking cough (croup) shortness of breath, decrease or loss of taste or smell, muscle aches/joint pain, extreme tiredness
2. In the last 14 days have you travelled outside of Canada and been instructed to isolate.
3. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?
4. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?
5. In the last 10 days, have you been identified as a “close contact” of someone who currently has COVID-19?
6. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

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 _____