



Grandview Student Ministries 2022-2023 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 2022 – August 31st 2023

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**