

# OSLER MISSION CHAPEL

## YOUTH - 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 Osler Mission Chapel. Any medical information collected here serves to authorize Osler Mission Chapel, and its staff and volunteers, to obtain medical assistance in emergencies.

**In the case of custody agreements, please include the proper form authorizing parental contacts.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell Number: \_\_\_\_\_ Parent/Guardian Cell Number: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_ Parent/Guardian E-mail: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

**We will always try to contact the parents/guardians first in case of emergency.**

Allergies: \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child bringing any medication with him or her?  Yes  No

If yes, please list: \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_

Printed Parents'/Guardian Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Is your child potentially walking to/from our programs?  Yes  No

If no, who is allowed to pick up your child from our programs? \_\_\_\_\_

\_\_\_\_\_

**The safety of your child is our primary concern; precaution will be taken for their well being and protection.**

I/we, the parents or guardians named above, authorize the Pastors of Osler Mission Chapel or one of the Osler Mission Chapel Ministry Volunteers to sign 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 Program Personnel, OMC, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Osler Mission Chapel, as well as of any medical treatment authorized by the supervising individuals representing OMC. This consent and authorization is effective only when participating in or travelling to events of the Osler Mission Chapel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ For the year(s): 2019 through \_\_\_\_\_

Please include the year your youth turns 18

### **Purposes and Extent**

Osler Mission Chapel 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 Osler Mission Chapel to limit the information collected, or to view your child's information, please contact us.