



Owen Sound Alliance Church
CHILDREN'S MINISTRIES
REGISTRATION AND MEDICAL CONSENT

Ministry Program Year: September 1, 2023 – August 31, 2024

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Owen Sound Alliance Church and its Children's Ministries for infant to grade six. Any medical information collected here serves to authorize Owen Sound Alliance Church, 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.

CHILD'S INFORMATION

First Name: _____ Last Name: _____

Date of Birth: (mm)____/ (dd) ____/ (yyyy) _____ Age: _____ Grade in September _____

Health Card Number: _____

Does your child have any allergies? No Yes
 If yes please list: _____

Is your child bringing any medication with him/her? No Yes
 If **yes**, please list: _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our Ministry Personnel should be aware of? No Yes
 If **yes** please explain: _____

Which Children's Program(s) are you registering your child for? (please check all that apply)

Sunday morning programming Moms and Tots (Wednesdays) 5/6ers (monthly event for grades 5 and 6)

FAMILY INFORMATION

PARENT(S) OR LEGAL GUARDIAN:

Last Name: _____ **First Name:** _____ Mother Father Guardian

Mobile phone: _____ Email address: _____

Last Name: _____ **First Name:** _____ Mother Father Guardian

Mobile phone: _____ Email address: _____

Child Lives with: Mother Father Guardian

Address: _____

City: _____ Postal Code: _____

Home phone: _____ I /we would like to receive email updates: No Yes

Family Doctor: _____ Phone: _____

EMERGENCY CONTACT:

In case of an emergency and the parent or legal guardian named above cannot be reached, please provide an alternative contact below.

Name: _____

Phone: _____

Relationship to child: _____

RELEASE AND PERMISSION STATEMENTS

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

MEDICAL CONSENT

I/we, the parent(s) or guardian(s) named above, authorize one of Owen Sound Alliance Church Ministry Leads or Personnel to sign a consent for medical treatment, and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the child named above in an emergency situation following all reasonable attempts to contact a parent, legal guardian or alternate emergency contact first.

WAIVER AND RELEASE OF LIABILITY

I/we, the parent(s) or guardian(s) named above, undertake and agree to indemnify and hold blameless Owen Sound Alliance Church, its Pastors, Board of Elders, Staff, Ministry Personnel, members and adherents from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Owen Sound Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent is only effective when participating in or travelling to events sponsored by Owen Sound Alliance Church.

PHOTOS AND VIDEOS

By signing below you grant permission for the reasonable use of photos and videos containing your child, taken during Owen Sound Alliance Church's programs and activities, in any or all of the following ways (please check all that apply):

- Brochures/Promotional material
- Church Service (also streamed online)
- OSAC Church Website
- Newsletters/Annual Reports
- Church Bulletin Boards
- Official OSAC social media: Instagram and Facebook

COMMUNICATION

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Children's Ministries Ministry Personnel (staff and volunteers) to communicate with your child in any or all of the following ways (please check all that apply):

- Regular postal mail
- Telephone (parent(s) or home phone only)
- Email (parent's email only)

PURPOSES AND EXTENT

Owen Sound Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the child 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 Owen Sound Alliance Church to limit the information collected, or to view your child's information, please contact us.

PARENT/GUARDIAN STATEMENT

I have read, understood and agree with all the above and sign it to cover all Children's Ministries program activities for the ministry program year effective as stated below. A separate letter of informed consent will be sent home for activities off site or of elevated risk.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date Signed: _____