



**Alliston Christian Reformed Church**  
**Form 3.5 Safe Church Policy: Consent Form**

**CONFIDENTIAL**

Please print in ink

Effective dates: Sept 2019 to Sept 2020

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLE

Year in school \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ P/C \_\_\_\_\_

Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

Health Card Number (with Version Code) \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the counsellors should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this child.** If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—  
 good swimmer       fair swimmer       non-swimmer
2. Does your child have allergies to—  
 pollens       medications       food       insect bites
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma       epilepsy / seizure disorder       heart trouble  
 diabetes       frequently upset stomach       physical handicap
4. Date of last tetanus shot: \_\_\_\_\_
5. Does your child wear       glasses       contact lenses
6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:



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For your information, we expect each child to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
Respect property
Respect one another and leaders
Respect and comply with event schedules

Children who fail to comply with these expectations may be sent home at their parents' expense.

I, the child, have read the rules of conduct, the above evaluation of my health, and permission to participate in \_\_\_\_\_ group activities. I agree to abide by the stated personal limitations and code of conduct.

Child's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: outings to events and stores in town, shopping in larger centers, camping, sleepovers at the church, swimming, games, hiking, biking, miniature golf, crafts, potlucks, Sunday programs, concerts, Bible studies. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the program leader prior to that event.

\_\_\_\_\_ has my permission to attend all activities

NAME OF STUDENT

sponsored by the Alliston Christian Reformed Church (hereinafter the "Church") from

Sept. 2019 TO Sept. 2020
DATE DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned \_\_\_\_\_ give permission to take photographs that include the child named above, while participating in events organized by the Church.

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also authorize the leaders to transport him/her to any of these events. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a program leader.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Note: Without this form signed and on file your child may not attend any program functions.