

APPENDIX 7

Authorization and Medical Form

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Youth for Christ / Canada ("YFC") and its affiliates operating as Youth For Christ, and Youth Unlimited. Any medical information collected here serves to authorize YFC and its staff and volunteers to obtain medical assistance in emergencies. This form should be completed annually by the Parent/Caregiver.

Participant Information:

Date: _____ Satellite: The Switch Yard | Bancroft YU

Participant's Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Parents' Work Phone: _____

Cell Phone: _____

Medical Information:

Health Card Number: _____

Family Doctor: _____ Doctor's Phone: _____

Allergies/Concerns: _____

Emergency Contact:

Contact Name: _____ Relation to participant: _____

Home Phone: _____ Work Phone: _____

Additional Questions:

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? ☐ Yes ☐ No If yes, please explain:

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

If yes, please list:

CONSENT: (Please check the box beside each category that you are giving consent to.)

☐ **Medical Consent:**

I/We authorize the administration of any first aid treatment necessary, and in the case of medical emergency, give permission to the Physician selected by the supervisors to hospitalize and secure proper treatment for my child as named above. Every effort will be made to contact parents or guardians before such action.

I/We acknowledge that it is my responsibility to take the necessary steps for insuring against personal injury, property damage, or any loss by my child or by self. I also acknowledge that I must assume total responsibility for ALL medical coverage, accidental insurance and personal injury, or any other loss or damage. I will also pay for the cost to have my child sent home if he/she is unwilling to comply with the rules.

☐ **Photos/Media Release:**

I/We agree to permit reasonable use of photos, videos, written materials or other pictures of applicant student in promoting Kawartha Youth for Christ/Youth Unlimited and their activities and programs. We understand that these could appear in agency newsletters, brochures, website or social media; or in local newspapers, on television, and might identify participants by first name. We wish to inform you of this in advance in order to avoid any surprises or misunderstandings.

☐ **Communication:**

A policy is in effect that communication is to be used solely for the dissemination of information. I/We agree to permit Kawartha Youth for Christ/Youth Unlimited staff or volunteers to communicate with applicant student via telephone, email, social media or text.

☐ **Purposes and Extent:**

Kawartha Youth for Christ/Youth Unlimited is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to develop and nurture on-going relationships with you and your child, and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Kawartha Youth for Christ/Youth Unlimited to limit the information collected, or to view your child's information, please contact us.

☐ **Faith Disclosure:**

I/we understand that Kawartha Youth for Christ/Youth Unlimited is a non-denominational, faith-based, not-for-profit organization that is governed and operated by Christian values, principles and beliefs. I/we understand Kawartha Youth for Christ/Youth Unlimited is inclusive to all participants regardless of their personal religious belief, race, sexuality, socio-economic status, or gender. I/we understand that the staff and volunteers of Kawartha Youth for Christ/Youth Unlimited, with the utmost dignity and respect, may engage in discussions, conversations and/or lessons regarding topics of faith with my child during the course of their participation with Kawartha Youth for Christ/Youth Unlimited and its affiliates.

☐ **Parent/Guardian Options:**

I/we, named below, undertake and agree to indemnify and hold harmless Kawartha Youth for Christ/Youth Unlimited, Program Personnel, Kawartha Youth for Christ/Youth Unlimited, its trustees, directors, corporation members, servants, agents, volunteers, employees and all program personnel from any and all actions, causes of actions, claims and demands whatsoever whether existing as of this date or in the future; and, against any loss, damage or injury suffered by the participant as a result of being part of the activities of Kawartha Youth for Christ/Youth Unlimited, as well as of any medical treatment authorized by the supervising individuals representing Kawartha Youth for Christ/Youth Unlimited. This consent and authorization is effective only when participating in or traveling to events sponsored by Kawartha Youth for Christ/Youth Unlimited.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

**** Participants under the age of majority require the signature of Parent or Guardian ****

Student Signature (if age of majority or older): _____

Printed Name: _____ Date: _____