

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: **Lakefield**

Participant's Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ 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: _____

**APPENDIX 8
Trip Permission and Waiver & Release Form**

On the below dates, Kawartha Youth for Christ/Youth Unlimited is planning a trip to:
(Please check-off the event(s) your youth will be attending)

- Summer Kick Off Party** / June 21 / 3pm - 6pm / @The Barn
- Weekly Village Walks** / July 16, 23, 30 August 6, 13, 20, & 27 / 1pm - 4pm / @The Barn
- Bon(d) Fire** / July 22 / 7pm-9pm / @ Hope Valley Day Camp
- Jam-Sesh** / August 5 / 1-4pm / @The Barn
- Volunteer @ Lakefield Sidewalk Sale** / August 10 / 9am - 3pm on Queen St.
- Bon(d) Fire** / August 19 / 7pm-9pm / @ Hope Valley Day Camp
- Summer Closing Event** / August 26 / 3pm - 6pm / @ The Barn
- Save the date: Blue Jays Game** / September 28 / Stay tuned for more details

I give permission for _____
Full Name of Child

Full Address (include apartment number and postal code)

Home Telephone Number Parent/Guardian's Work Phone # Health Card Number of Participant

Emergency Contact Name Emergency Contact Number
Any physical disabilities or limitations; medications; allergies; etc. Please specify: _____

I hereby release Kawartha Youth For Christ/Youth Unlimited, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity, knowing that reasonable precautions for the health and safety of the children will be taken. In the event of an emergency, I hereby authorize an adult leader of this event, as an agent of me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the province of Ontario, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.

I have read, understood, and hereby grant permission for my child to participate fully in the activity described above and agree to these waivers and conditions.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date