



**Maple Hill Baptist Church**

*Incorporated*

*Ordinary People Serving an Extraordinary God*

## YOUTH AUTHORIZATION, TRANSPORTATION & MEDICAL FORM

Students Full Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

Students Phone # \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

Health Card # \_\_\_\_\_ Allergies \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctors Phone # \_\_\_\_\_

Does your youth have any physical, emotional, mental, medical, behavioral concerns or limitations that our staff should be aware of? If yes, please explain. \_\_\_\_\_

Does your youth have/take any prescription medications? If yes, please list (Ex. Epi-Pens, Puffers, Other prescribed medications) \_\_\_\_\_

Will your youth be bringing any of these medications with him/her to the program or events? If yes, please list and attach a written letter with full instructions if student will require supervision or any assistance with having/taking these medications. \_\_\_\_\_

Parent/Guardian Full Name & Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Full Name & Relation \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Receive Weekly Update Emails (circle) Yes No Thanks

Emergency contact (someone not listed above) \_\_\_\_\_ Relation to Student \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Please note that the risk of injury exists in every youth activity, trip or event. However, due to the nature of some activities, the risk of injury may increase. The safety, well-being and protection of your child is our primary concern and all attempts are made to manage as effectively as possible, the foreseeable risks inherent in all youth ministry activities, trip and events.

I/we, the parents or guardians named above, authorize the Maple Hill Baptist Church Youth Ministry Staff/Volunteers to sign a consent for medical treatment and to authorize a physician or hospital to provide medical assessment, treatment or procedures for the participant named above, if we cannot be immediately contacted.

I/we, named above, undertake and agree to indemnify and hold blameless the Staff/Volunteers of Maple Hill Baptist Church, its Pastors and Board of Elders & Deacons from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Maple Hill, as well as of any medical treatment authorized by the supervising individuals representing the church.

This form is also for you to give your permission and consent for your child to be transported for youth activities on behalf of Maple Hill by the individuals deemed eligible by Maple Hill Baptist Church or by companies contracted on behalf of Maple Hill Baptist Church.

In signing the parent/guardian also gives permission to use photography and/or video of the participant taken during Maple Hill Baptist Church youth sanctioned events for promotional and/or documentary use.

This consent and authorization is effective only when participating in the program, events or retreats, as well as travelling to any events/retreats of Maple Hill Baptist Church. I have read, understood and agree with the above and sign it to cover all Youth Ministry activities for the program year effective as stated below, for the student named above.

Parent/Guardian Print Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

215 Glenwoods Ave.  
Keswick, ON L4P 2W6  
sarah@maplehillbaptist.org  
(905) 476-2541