

Registration & Consent (Youth) **Plan to Protect**[®]



Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Bethel Pentecostal Church. Any medical information collected here serves to authorize Bethel Pentecostal Church, and its staff and volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent/Legal Guardian.

For the school year: September 20 _____ to 20 _____

Student's Name _____ Date of Birth _____

Address _____ Postal Code _____

Parent(s)/Legal Guardian(s) _____

Address (if different) _____ Postal Code _____

Phone Number _____ Guardian's Work Number _____

Health Card Number (MCP) _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

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:

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

Turn Over >>

I/we, the Parents or guardians named below, authorize Pastors Andrew & Deidre or one of Bethel Pentecostal Church's Program Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Bethel Pentecostal Church, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Bethel Pentecostal Church, as well as of any medical treatment authorized by the supervising individuals representing Bethel Pentecostal Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Bethel Pentecostal Church.

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 Youth Ministry Personnel (staff and volunteers) to communicate with your Child via telephone, email, social media and text:

- | | |
|---|--|
| <input type="checkbox"/> Telephone (home / work / cell) | <input type="checkbox"/> Social Media Networks |
| <input type="checkbox"/> Email | <input type="checkbox"/> Text messages |

Photos

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Videotaping | |

Purposes and Extent

Bethel Pentecostal Church is collecting and retaining this personal information for the purpose of enrolling your Child in our programs, to assign the student 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 Bethel Pentecostal Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Bethel Pentecostal Church to limit the information collected, or to view your Child's information, please contact us.

Parent/Guardian Options

I have read, understood and agree with above and sign it to cover all Youth Ministry activities for the program year effective as stated. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

I have read, understood and agree with the above.

Parent Signature _____

Printed Name _____ Date _____