

Prince Albert Alliance Church VBS Waiver Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Prince Albert Alliance Church. Any medical information collected here serves to authorize Prince Albert Alliance Church, and its staff and volunteers, to obtain medical assistance in emergencies.

For SHIPWRECKED VBS 2018

Child's Name _____ Health Card Number _____

Family Doctor _____ Phone Number (306) _____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? ___ YES ___ NO

If yes, please explain:

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

I/we, the Parents or guardians named below, authorize Kim Maier or one of Prince Albert Alliance Church 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, Prince Albert Alliance 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 Prince Albert Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing Prince Albert Alliance Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Prince Albert Alliance Church.

Photos

Please sign below to grant permission for the reasonable use of pictures containing your child in the following way:

___ Slide Shows shown during the week

___ keepsake DVD mailed out in spring to participants

I have read, understood, and agree with the above.

Parent Signature _____ **Printed Name** _____

Date _____

Purposes and Extent

Prince Albert Alliance 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 our Prince Albert Alliance Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Prince Albert Alliance Church to limit the information collected, or to view your Child's information, please contact us.