

**YOUTH / CE
MEDICAL CONSENT &
REGISTRATION FORM**

2024

**FAITH CHRISTIAN
FELLOWSHIP CHURCH**
940 Thornhill St. Morden, MB R6M 1J9
Ph: 204-822-4219
Email: office@fcfchurch.ca

LAST NAME:

First Name:						
Birthdate:						
Gender: M / F						
Age / Grade:						
Health #:						
9 Digit (PHIN)#:						
Allergies: Food or Other						
Please list any medication in your child's possession						
List any Health Restrictions and/or Special Conditions						

Parent/Guardians Name: _____
Address: _____
Email: _____
Home Phone: _____ **Cell#:** _____
Home Situation: (underline) Married/Seperated/Divorced/Other
Emergency Contact: _____ **Phone#:** _____

Are there any custody issues we should know about?

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection. Information received is confidential and is being gathered for the purpose of serving your child while in the care of Faith Christian Fellowship. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. Any medical information collected serves to authorize FCF and its staff/volunteers, to obtain medical assistance in emergencies only. The consent and authorization is effective only when participating in activities and/or travelling to or from events of Faith Christian Fellowship.

I/we, the parents or guardians named above, authorize Pastor Michael or one of the Faith Christian Fellowship Ministry Staff to sign 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 above, undertake and agree to indemnify and hold blameless Pastor Michael, the Ministry Staff and Volunteers, Faith Christian Fellowship, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Faith Christian Fellowship Church as well as of any medical treatment authorized by the supervising individuals representing the church.

Yes [] No []

I/we, named above, undertake and agree to grant Pastor Michael or one of the Faith Christian Fellowship Ministry Staff and its legal representatives the irrevocable right and unrestricted permission to use and publish photographs or video images of those named above, or in which they may be included, for any purpose authorized by Faith Christian Fellowship including but not limited to: website use, editorial publications, catalogue and advertising use.

This undertaking includes the right to modify and retouch the images at the discretion of Faith Christian Fellowship. I understand that the circulation of such materials could be worldwide and that there will be no compensations to me for this use. I also understand that I will not be given the opportunity to inspect or approve the finished products or the copy or the printed matter that may be used in connection therewith. In granting this permission to Faith Christian Fellowship and its legal representatives, I am fully and without limitation releasing it from any liability that may arise from the use of the images.

I/we further agree to the inclusion of my name(s).

Yes [] No []

A policy is in effect that communication is to be used solely for the dissemination of information. Please check the options that grant permission for all Program Personal (staff and volunteers) to communicate with you and your child via the following:

Check all that Apply: [] Phone (home/work/cell) [] Social Media (Facebook/Twitter) [] Email [] Text Messages

Please list the names of those you have given permission to sign in or sign out your child(ren) while attending services at F.C.F.

Parent/Guardian: I have read, understood and agree with the above and sign it to cover ALL Ministry activities with Faith Christian Fellowship for the program year effective as stated below.

Signature _____ **Date** _____

Printed Name _____ **Effective from date signed through December 31, 2024**