

Taber Evangelical Mennonite Church Youth Group Registration and Release Form
www.taberemc.org | youth@taberemc.org | 5001 64th Ave Taber, Alberta

Medical Information

Physicians Name _____ Phone (_____) _____

Alberta Health Care Number _____

Is the Youth Leadership authorized to approve medical treatment if necessary? YES \ NO (*Circle One*)

Medications

Is the student currently taking any medications we need to be aware of? YES \ NO (*Circle One*)

If yes, please give details below if it's information leaders should know.

Allergies and Health Concerns

Are there any allergies or other health concerns we should be aware of? YES \ NO (*Circle One*)

If yes, please explain

Statement of Consent and Release

I understand that my child (Insert Child's Full Name) _____ will be participating in the Taber Evangelical Mennonite Church's events, outings and activities. I do not hold the church, church leaders, or church participants liable for unforeseen accidents to my child. In the event of any and all potential issues including but not limited to accident, sudden illness, or medical emergency involving my child, I hereby authorize the staff member and volunteers of Taber Evangelical Mennonite Church as adult persons into whose care the minor has been entrusted, to use their best judgment in the matter and hereby do consent to release my child into their care for the authorization of any medical treatment and/or hospital care as deemed necessary by a licensed physician.

Furthermore, all forms will be stored securely, and all information therein will be kept in strict confidentiality only to be shared with a physician in case of emergency.

Parent Signature

Date