



TSAWWASSEN ALLIANCE CHURCH

TAC Youth 2024-25 Authorization & Medical Consent Form

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

This document is valid until September 1, 2025.

In the case of custody agreements, please include the proper form authorizing parental contacts.

A. Student Information

Name of Student:

Student Cell #: DOB (DD/MM/YYYY):

Gender: M F Student's School: Grade:

B. Parent Information

Name of Parent/Guardian:

Cell #: Email:

Please include me in the monthly youth update email.

Name of Parent/Guardian:

Cell #: Email:

Please include me in the monthly youth update email.

Address:

City, Province, Postal Code:

C. Medical Information

Medical #: Allergies:

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? If yes, please explain

No Yes

Is your child bringing any medication with them? If yes, please list:

No Yes

The safety of your child is of utmost importance to us, and all safety precautions will be taken to ensure it

D. Online Security

The Youth Ministry of Tsawwassen Alliance Church (TAC Youth) is aware of the concerns around online interactions and the dangers that exist because of it. TAC Youth has a strict guideline for leader

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interaction with students through social media and texting. The primary and exclusive purpose of these interactions is to connect with and encourage your child, grow relationships, and pursue community. By initialling below and signing this waiver, I/we permit TAC Youth **ministry-approved leaders of the same gender** to contact my/our child through Instagram and texting. For more information on TAC Youth guidelines and policies concerning leaders contacting students, please view the TAC Youth Contact Policy available at tachurch.ca/ministries/youth.

Initials:

E. Photos

Your signature below will grant permission for the reasonable use of pictures containing your child in any or all of the following ways: brochures, newsletters, promotional material, church commemorative features (e.g., slideshows, bulletins boards, etc.), church social media posts, and church website. Please indicate here by checking the box if you request that pictures of your children NOT be used in the above-mentioned ways.

I do not want my child's photos used for the above reasons.

F. Ministry Activities

I/we, the parent(s)/guardian(s) named above, authorize Tsawwassen Alliance Church Ministry Staff to transport my/our child to off-site locations for the purposes of events and gatherings.

I/we, the parent(s)/guardian(s) named above, authorize Tsawwassen Alliance Church Ministry Staff 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 above, undertake and agree to indemnify and hold blameless the Ministry Staff, Tsawwassen Alliance Church, 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 Tsawwassen Alliance Church, as well as any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or travelling to events of the Tsawwassen Alliance Church. I/we have read, understand and agree with the above and sign it to cover all student ministry activities through to one year signed date.

Signature: _____

Name:

Signature: _____

Name:

Date:

G. Purpose and Extent

Tsawwassen 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 groups, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Tsawwassen Alliance Church to limit the information collected, or to view your child's information, please contact us.

Please return this form signed to Tsawwassen Alliance Church or email it to caleb@tachurch.ca