

**YOUTH MINISTRY PROGRAM
MEDICAL INFORMATION & LIABILITY RELEASE
Elmwood Mennonite Brethren Church.
145 Henderson Hwy. 204-668-3244**

Please print and complete all areas on both sides of this form.

Child's Name: _____ Birth Date: _____

Best Contact: _____

Address: _____

Home Phone: _____

School: _____

Grade: _____

PARENTAL CONTACT INFORMATION:

Parent/Legal Guardian Name: _____

Cell Number: _____ Work Number: _____

Email: _____

Parent/Legal Guardian Name: _____

Cell Number: _____ Work Number: _____

Email: _____

Alternate Emergency Contact:

Name: _____

Relationship to Youth: _____

Phone: _____

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MANITOBA HEALTH NUMBERS: Six Digit: _____ Nine Digit: _____

MEDICAL INFORMATION:

Family physician's Name: _____ Phone: _____

Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food: _____ Drug: _____ Animal: _____

Other: _____

My child requires the following medicine: _____

Frequency: _____

My child has permission to be given Tylenol or Ibuprofen if they request it. YES NO

Child has permission to be photographed: YES NO

I give permission for church staff and volunteers to contact my child via social media, including but not limited to texting, Facebook, and email. YES NO

I hereby consent to let my child, _____, participate in the church youth program, with the understanding that caution will be taken by those persons in charge to prevent injury to my child. I agree to hold the church, the program, its staff and volunteers harmless in the event of injury to my child. I confirm that my child does not have any medical conditions/allergies that affect their ability to participate in any of the activities, and will disclose such conditions/allergies that the church staff should be aware of. I give permission for my child to be transported to and from off-site youth activities by a youth leader.

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff and volunteers to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless the Elmwood Mennonite Brethren Church and its officers, employees, and volunteer staff from any liability.

Signature of Parent or Legal Guardian

Date