

Authorization & Medical Consent Form

Child's Information:

- Full Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Health Card Number: _____
- Allergies/Medical Conditions: _____
- Parent/Guardian Name(s): _____
- Emergency Contact Number(s): _____

Authorization for Medication Administration

I, _____, the parent/legal guardian of the above-named child, authorize Niagara Worship Centre staff or designated volunteers to administer the following medication as prescribed below:

- Name of Medication: _____
- Dosage: _____
- Frequency: _____
- Duration of Administration: _____
- Special Instructions (e.g., take with food, refrigerate, etc.): _____

I understand that all medication must be provided in its original packaging with clear labeling, and that Niagara Worship Centre is not responsible for any adverse reactions.

Emergency Medical Consent

In the event of an emergency where I cannot be reached, I authorize Niagara Worship Centre representatives to seek medical attention for my child, including but not limited to:

- Administering first aid as necessary.
- Transporting my child to a medical facility if required.
- Seeking treatment from a licensed healthcare provider.

I understand that every effort will be made to contact me or the emergency contact before proceeding with medical care. I acknowledge that I am responsible for any medical expenses incurred.

Acknowledgment and Release

I acknowledge that Niagara Worship Centre and its staff/volunteers will exercise reasonable care in administering medication and responding to medical emergencies. I release and hold harmless Niagara Worship Centre, its staff, and volunteers from any claims related to the administration of medication or emergency medical treatment.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Thank you for entrusting your child's care to Niagara Worship Centre. We are committed to ensuring their safety and well-being.

Niagara Worship Centre - Parental Consent Form

Event Details

Event Name: Niagara Section Sr High Rally

Date of Event: March 21, 2025

Location: Central Community Church, 690 York Rd. Niagara on the Lake

Details of Activity: At 7:00pm parents will drop their child(ren) off at Central Community Church for a Youth Rally. This is a great opportunity for youth to see what God is doing around the region, hear from a speaker, and interact with youth from other churches. The event ends at approximately 9:30. Parents are asked to pick up their child(ren) by 9:45pm.

Church Contact Person: Mitchell Blais

Contact Number: (905)-246-4205

Child's Information

Full Name: _____

Date of Birth: _____

Health Card Number : _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Parental Consent & Acknowledgment:

I, _____, the parent/guardian of the above-named child, give permission for my child to participate in the offsite church event listed above. I acknowledge that reasonable precautions will be taken to ensure the safety of my child, but I understand that accidents and unforeseen incidents may occur.

I acknowledge that while every effort is made to provide a safe environment, certain activities involve inherent risks that go beyond those of typical recreational programs at Niagara Worship Centre. I/we recognize and accept these risks and understand that by allowing my child to participate, they may be engaging in activities that carry the possibility of personal injury.

I authorize church staff and volunteers to seek and consent to medical treatment for my child in the event of an emergency if I cannot be reached. I understand that I am responsible for any medical expenses incurred.

I release Niagara Worship Centre, its staff, volunteers, and representatives from any liability for injuries, damages, or losses sustained during this event.

I have read, understood and agree with the above.

Parent/Guardian Signature: _____

Date: _____