



LIGHTHOUSE CHURCH OF GOD

For Church Year: September 2024 / 2025

YOUTH

AUTHORIZATION AND MEDICAL CONSENT FORM

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

Please include a small picture of your child along with this form:



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

Youth's Name _____ Date of Birth _____
Month/Day/Year

Address/City _____ Postal Code _____

Contact 1 Name _____ Contact 1 Phone # _____

Contact 2 Name _____ Contact 2 Phone # _____

Emergency Alternate Name & Phone # _____

Parent's Email Address* _____

Youth Email Address* _____ Youth Cell* _____

Permission given to email/text upcoming Youth Activities or changes: Yes No

Health Card Number _____

Family Doctor _____ Phone # _____

Allergies _____

Does your child have any physical, emotional, mental, behavioural Yes No concerns or limitations that our staff should be aware of? If yes, please explain.

Is your child bringing any medication with him/her? Yes No
If yes, please list.

* For informational correspondence only (optional)

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Student Ministry Activities

Purposes and Extent

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

Lighthouse Church of God is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, 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 Lighthouse Church of God to limit the information collected, or to view your child's information, please contact us.

Parent/Guardian On-Site Permission Forms

I have read, understood and agree with the above and sign it to cover the ***on-site*** activities normally involved with the Lighthouse Church of God Youth program. I understand that I will be fully informed of all events ***off-site*** and the potential risks involved as they come up. I will sign permission papers at that time as I see fit. This medical consent also covers any ***off-site*** emergency situations that may arise.

I/We, the parents or guardians named below, authorize the ministry staff of the Lighthouse Church of God 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 below, undertake and agree to indemnify and hold blameless the Ministry Staff, Lighthouse Church of God, its Pastors, Trustees and Board of Elders and all members of the congregation from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Lighthouse Church of God, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in events of Lighthouse Church of God, both ***on-site*** and ***off-site***.

Parents/Guardian Name _____
(Printed or Typed)

In case of emergency, contact _____

Parent/Guardian Signature _____
(Original Signature Required)

Date _____

Effective from date signed through: **September 2025**

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Photos

Pictures may be taken of our youth participating in different activities for our history albums. These may be taken during various youth activities including summer activities (beach day, bonfires, bike hikes, hiking, mini golf, etc.), bowling, rallies, camp, etc. Some may be included on our website, church/youth Facebook or promotional brochures.

Please sign below to grant permission for the reasonable use of pictures containing your child. If you wish to consent to specific ones only, please check the appropriate box(es).

Note: If you do not grant permission for the above, please leave blank and do not sign.

- | | |
|--|--|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church |
| <input type="checkbox"/> Website/Church & Youth Facebook | <input type="checkbox"/> Newsletters/Bulletins |

Parents/Guardian Signature

Signature _____
(Original Signature Required)

Printed Name _____ Date _____
(Printed or Typed)