

Prince Albert Alliance Church
Youth Ministry Registration and Consent Form
2018-2019

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Prince Albert Alliance Church. Any medical information collected here serves to authorize Prince Albert Alliance Church, and its staff and volunteers, to obtain medical assistance in emergencies. The form should be completed annually by the parent/caregiver.

General Information

Student's Name _____

Grade: _____ Date of Birth: _____ School: _____

Address: _____ Postal Code: _____

Parents' Names: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Medical Information

Saskatchewan Health Card Number: _____

Family Doctor: _____ Phone Number: _____

Allergies: _____

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

Yes _____ No _____

If yes, please explain:

Is your Child bringing any medication with him/her?

Yes _____ No _____

If yes, please list:

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

