

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

**For Kids Konnect: February 6 to March 26, 2020**

Student Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Health Card Number: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical or behavioural concerns that our staff should be aware of (i.e. ADHD, autism, etc)?  Yes  No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

In case of an emergency, contact: \_\_\_\_\_

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

I/we, the parents or guardians named above, authorize any of the Yorkton DreamCentre staff or volunteers 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 Yorkton DreamCentre, its pastors, representatives, 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 Yorkton DreamCentre, 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 the Yorkton DreamCentre.

**Photos:**

I/we, named above, grant permission for the use of pictures containing my/our child in any or all of the following ways:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional Material | <input type="checkbox"/> Church      |
| <input type="checkbox"/> Website/Social Media           | <input type="checkbox"/> Newsletters |

**Purposes and Extent:**

The Yorkton DreamCentre 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 to view your child's information, please contact us.

**Student Ministry Activities:**

I have read, understood, and agree with the above and sign it to cover all Student Ministry activities for the program year effective as stated.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_