MABC Youth Ministry
All-Year Permission Form

SEPTEMBER 1, 2025, TO SEPTEMBER 30, 2026

Information received is confidential and is being gathered for the purposes of serving you and your child while in the care of Maple Avenue Baptist Church. Any medical information collected here serves to authorize Maple Avenue Baptist Church, its staff and volunteers to obtain medical assistance in emergencies. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel.

Student Information

Student Name _____ Date of Birth _____

Address _____

Student Phone # _____ Student Email _____

Medical Information

Health Card Number _____

Family Doctor _____Phone Number _____

Allergies _____

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff and volunteers should be aware of? Yes No

If yes, please explain: _____

_____

Is your child bringing any medication with him/her? Yes No

If yes, please explain: _____

_____

Parent/Emergency Contact Information

***please write the primary emergency contact as Parent/Guardian 1*)

Parent/Guardian 1 Name _____

Phone _____Email _____

Parent/Guardian 2 Name _____

Phone _____Email _____

Consent & Authorization

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection. In the event of injury or other emergencies, attempts will be made to contact parents and/or guardians immediately.

I/we authorize the Youth Minister or the Ministry Staff of Maple Avenue Baptist Church to sign a consent for medical treatment and to authorize any physician, hospital or emergency medical personnel to provide medical assessment, treatment or procedures for the participant named above.

I/we undertake and agree to indemnify and hold blameless Youth Minister, the Ministry Staff, Maple Avenue Baptist Church, its Pastors and Board of Elders, its volunteers and workers, its trustees from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Maple Avenue Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization are effective only when participating in or travelling to events of Maple Avenue Baptist Church.

I/we understand that my child may be taken off-site for an activity and may also be travelling in vans, cars, and/or buses for events. Driving during all youth ministry-sponsored events will abide by Maple Avenue Baptist Church's transportation policy when transporting minors.

I/we agree to cover all costs if our child needs to be sent home for disciplinary reasons.

I/we grant permission for the reasonable use of pictures containing your child for internal youth ministry purposes (e.g. physical pictures within the church building or a ministry recap video shown at a youth meeting, etc).

I/we grant permission for the reasonable use of pictures containing your child for private online purposes (e.g. unlisted YouTube videos, private social media accounts) and all purposes (e.g. church website, brochures, public social media accounts); *****you may opt out of this clause below.***

I/we have read, understood and agree with the above and sign it to cover all Student Ministry activities for the program year effective **September 1, 2025, to September 30, 2026.**

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

If you wish to opt out of the "private online" and "all-purpose" use of pictures containing your child, please indicate this by initialling below:

Opt-out of private online purposes: _____

Opt-out of all purposes: _____