

Appendix 7 – Nursery Registration and Waiver & Medical Release Form

Purposes and Extent

Breslau Evangelical Missionary Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, 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 Breslau Evangelical Missionary Church to limit the information collected, or to view your child's information, please contact us.

All of our nursery personnel are approved workers and follow the Plan to Protect adopted by the Deacon's board.

Child's Name _____ **Nickname:** _____ **Birthdate:** _____

Significant Others:

Mother: _____ **Father:** _____

Siblings & Ages: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Services usually attended: _____

Where parents will be: _____

Other Safe Adults: _____

Medical Information

Does your child have any severe/any life-threatening allergies (bee stings, food, penicillin, other drugs) or medical conditions? Yes No If yes, please explain:

Does your child need an EpiPen or Inhaler? Yes No If yes, please explain:

Note: Appendix 11 should be completed in addition to this form.

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

Snacks

Are OK Do not give Concerns: _____

Diapering and Toileting

- If your child is toilet trained, you are asked to take him/her to the washroom before coming to the nursery.
- If your child is in diapers, you will be asked to come to the nursery to change his/her diaper if necessary.

I give my permission to BEMC to use my child’s name and/or photo on material posted within the church. Yes No

I give my permission to BEMC to use my child’s name and/or photo on material posted on the church website and social networks, or promotional material. Yes No

I give my permission to BEMC approved workers to communicate with my child outside of ministry events (by telephone, email, text messages, Facebook, other social media, etc.). This does not apply to mentoring situations which require specific parental permission. Yes No

Waiver – Please Read Carefully

I/we, the parents or guardians named above, authorize the ministry staff of Breslau Evangelical Missionary Church 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, if I am not immediately available.

I/we, named above, undertake and agree to indemnify and hold blameless the Ministry Staff, Breslau Evangelical Missionary Church, its Pastors and Board of Deacons from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Breslau Evangelical Missionary Church, 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 or traveling to events of the Breslau Evangelical Missionary Church.

Signature of Parent _____ Date _____

Printed Name _____ Effective for Ministry Year 20__/20__

I have read, understood, and agree with the above information for the program year

Breslau Evangelical Missionary Church
102 Woolwich Street, Breslau ON N0B 1M0 (519) 648-2712; fax (519) 648-3092