



WESTSIDE COMMUNITY CHURCH

Youth Consent and Waiver Form (2025-2026)

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

Student Name: _____

Grade: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name(s): _____

Please only provide contact information for which you give Westside Community Church consent to use to contact your teen.

Student's phone (if different than parent/guardian): _____

Student Email: _____

Parent/Guardian Phone: _____ Alternate Phone: _____

Parent/Guardian Email: _____

Health Card Number (6-digit Reg# AND 9-digit P.H.I.N): _____

Family Doctor: _____ Doctor's Phone: _____

Emergency contact Name (other than parent/guardian): _____

Relationship of emergency contact to student: _____

Emergency contact phone number(s): _____

Does your child have any physical, emotional, mental, or behavioural concerns/limitations of which our staff should be aware (e.g. special needs)? ☐ Yes ☐ No

If yes, please explain: _____

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

If yes, please list: _____

Does your child have any ALLERGIES of which our staff should be aware? ☐ Yes ☐ No

If yes, please explain: _____

The safety of your child is our primary concern. Precautions are taken for their well-being and protection. I/we, the Parents/guardian(s) named above, authorize David Lunn, or one of Westside Community Church Youth Program Personnel (hereafter referred to as WCC), 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 Ministry Staff, WCC, its Pastors and Board of Elders from and against any loss, damage, or injury (including death) suffered by the participant as a result of being part of the activities of WCC, 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 and activities related to WCC.

I/We authorize and consent to the participant's involvement in WCC Youth Group including any use of private or public transportation for participation in events and activities related to WCC Youth Group. This includes, but is not limited to, transportation to the nearest suitable medical/hospital facility in the event of an emergency, or other medical treatment not available at the site of a Youth Group activity, if deemed advisable.

PURPOSE AND EXTENT

WCC collects and retains this personal information for the purpose of enrolling your child in our programs, assigning the student to the appropriate groups, developing and nurturing ongoing relationships with you and your child, and informing 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 WCC to limit the information collected, or to view your child's information, please contact us.

COMMUNICATION

A policy is in effect that communication is to be used solely for ministry purposes. Please indicate below, by which means you grant permission for WCC Youth Ministry Personnel (staff and volunteers) to communicate with your child:

Check ALL that apply:

☐ Phone (home/work/cell) ☐ Social Media (E.g. Instagram) ☐ Email ☐ Text messages (E.g. SMS, WhatsApp)

MEDIA

I grant permission for the reasonable use of pictures and videos containing my child for:

Check ONE:

- ☐ **Website, Social Media** (E.g. Instagram) and **Brochures or Promotional material**
- ☐ **In-church use ONLY** (E.g. bulletin boards. announcement slides)
- ☐ **None** – please do not publish any media of my child

I have read, understood and agreed with the above. My signature covers all Student Ministry activities for the program year, effective from the date signed through to November 1st, 2026.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____