

AUTHORIZATION FORM

Information received is confidential and is being gathered for the purposes of serving your child while in the care of LifeHouse Church. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Child's Name _____ Date of Birth _____

Parent/Guardian Name _____

Address _____

Home Phone Number _____

Emergency Contact & Number _____

Allergies _____

If your child has allergies, please include a picture of your child/youth along with this form.

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our 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.

Parent Signature _____

Printed Name _____ Date _____

I/we, named above, undertake and agree to indemnify and hold blameless Pastor James Colgan, the Ministry Staff, LifeHouse Church, its Pastors 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 LifeHouse Church. This consent and authorization is effective only when participating in or traveling to events of the LifeHouse Church.

Purposes and Extent

LifeHouse Church 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 LifeHouse Church to limit the information collected, or to view your child's information, please contact us.