



# CHILD / YOUTH INFORMATION FORM

Program: **ROOTED**

**Note:** The parent or guardian completing this form must have legal custody over the child. Any conditions of custody (if applicable), must be fully communicated in writing to Oakridge Bible Chapel (OBC) including a photocopy of the section of any court order referring to visitation rights.

Child's Name \_\_\_\_\_ Gender M  F   
Last First

Address: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_  Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_  
day month year

Health Card # \_\_\_\_\_ School: \_\_\_\_\_

**Parents/Guardians:** (check priority number to call during programming)

#1: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_   
Last First

#2: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_   
Last First

Email: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Does your child have a physical, emotional, mental or behavioural challenge? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", provide an explanation on back of form.

Is your child on regular medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", provide an explanation on back of form.  
**Please Note: We are not able to administer medication to children.**

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," provide an explanation on back of form.

**Food Allergy Policy:** We are **NOT** a peanut-free facility. We desire to create a safe environment for children and will make reasonable efforts to ensure that your child does not have a food allergy attack while attending our programs.

### Waiver, Authorization and Release

I grant permission to the following individuals (18 years of age+) to drop off/pick up my child from OBC programs:

\_\_\_\_\_  
\_\_\_\_\_

I grant permission to Oakridge Bible Chapel (OBC) to photograph and record my children in the course of their involvement, and to use their name and any photographs and recordings of them for OBC purposes in any media and territory in perpetuity.

I waive and release any and all claims for my children, myself, my heirs, executors and administrators against Oakridge Bible Chapel (OBC), its agents, employees and volunteers, and any sponsors or organization involved, from any and all claims or liability for personal injury, illness, death, or property damage of any kind however caused, including any claim or liability arising from the negligence of OBC, its agents, servants, or employees and of any person on site, arising out of, or in the course of, my child's participation in an Oakridge child/youth program. This release and waiver extends to all claims, foreseen or unforeseen, known or unknown.

By signing below, I, the undersigned, certify that I am the parent or legal guardian of the child, and as such agree to the terms of the waiver/authorization/release as noted above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Information regarding my child's physical, emotional, mental or behavioural challenge:**

**Information regarding the regular medication my child takes:**

**Information regarding my child's allergies:**

**Note:** Oakridge Bible Chapel requires that children/youth who have potential life threatening conditions such as peanut allergies be able to manage their exposure to those substances, provide adequate medication, be familiar with their use and carry the medication with them at all times.