



**PARENT GUARDIAN CONSENT FORM**

Youth's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Experience has shown that in connection with outdoor activities, there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the adult in charge, or designates, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE WHERE YOU OR AN AUTHORIZED SECOND CONTACT PERSON MAY BE REACHED:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Permission to participate:**

I, the undersigned, have read, understood and completed the above, and having been briefed regarding the nature of the activity, hereby give my permission for my child/ward to attend and participate in The Presbytery of London's Jr. Youth event, "One Day Wonder" at Dorchester Presbyterian Church, Dorchester, Ontario on March 7, 2015.

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

\_\_\_\_\_ Date

Does participant have any severe allergies or other medical condition that leaders should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list and explain: \_\_\_\_\_

Do we have permission to have the participant's photo taken and posted on the Presbyterian website? \_\_\_\_\_ Yes \_\_\_\_\_ No

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, the Presbytery youth organizing team and Dorchester Presbyterian Church, its staff and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me, should such a situation occur. The participant must be covered by provincial health insurance or equivalent medical coverage.

Participant's Health card number: \_\_\_\_\_

Participant's Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

