



# St. Paul's Bloor St. Anglican Church

## Parent/Guardian Consent Form

### Information Sheet

When we plan an event for your child/teen, not only do we want to plan a fun, exciting event, but we hold the health and safety of the participants as our primary concern. Part of that is to ensure that you know what your [son/daughter/ward] is doing, and if in the unlikely event we need to contact you in an emergency, we have that information at our finger tips.

#### Event Information:

<b>The Event/Activity is:</b>	Alpha Youth Spring Retreat		
<b>to be held:</b>	from: Fri, Apr 27, 2018	7:00pm	to: Sun, Apr 29, 2018 4:30pm
<b>at this location:</b>	<b>Ontario Pioneer Camp, Port Sydney, ON</b>		<b>Cost: \$150.00</b>
<b>Leader's name:</b>	Ian Koiter		
<b>Transportation arrangements</b>	Can-Ar Coach Service		
<b>Time and place of departure</b>	<b>7:00 pm. 227 Bloor St. E</b>		<b>Return: 4:30pm. 227 Bloor St. E</b>

#### Participant Information:

Name: \_\_\_\_\_  Male  Female

*(print name of participant attending event.)*

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

Please list any medications, health concerns or allergies relevant to this event: \_\_\_\_\_

\_\_\_\_\_

#### **This section applies for underage participants who are less than sixteen (16) years of age.**

In return for permission to attend the above Event, the undersigned acknowledges and warrants that:

- a) My son/daughter/ward requires no special arrangements to safely participate in the Event under normal adult supervision.  
 Yes  No      If you answered No, specify the special arrangements required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b) If your son/daughter/ward requires medical treatment, your signature (below) on this Consent Form gives the event leaders authority to



Diocese of Toronto  
Anglican Church of Canada

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take initial steps to secure medical advice and services. In that event, you, or the person you designate on the form, will be contacted as soon as possible.

\_\_\_\_\_  
*Signature of Parent/ Guardian*

\_\_\_\_\_  
*Date*

**The emergency contact information for your child/youth is...**

**Name:** (print) \_\_\_\_\_ **Relationship to participant:** \_\_\_\_\_

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

**Phone:** Day: \_\_\_\_\_ Night: \_\_\_\_\_ Cell: \_\_\_\_\_

If, in an emergency, you cannot be reached, the following person is hereby authorized to act your behalf and **has been notified that he/she has been granted this authority and may be contacted by [parish/organization].**

**Name:** (print) \_\_\_\_\_ **Relationship to participant:** \_\_\_\_\_

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

**Phone:** Day: \_\_\_\_\_ Night: \_\_\_\_\_ Cell: \_\_\_\_\_

**Return this signed form to:** \_\_\_\_\_ **By (date)** \_\_\_\_\_

*(event registration information)*