

(Appendix C)

INFORMED CONSENT & PERMISSION FORM

Event: _____ Date: _____

May include the following activities: _____

Potential High Risk Aspects: _____

Departure Time: _____ Return Time: _____ Type of Transportation: _____

Cost: _____ Check payable to: _____

Leaders/Chaperones: _____

Additional Comments: _____

Name of child: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ Postal Code: _____

Phone: _____ Cell: _____

Alternate emergency contact name and phone number: _____

Does your child have any severe or life-threatening allergies?
(bee stings, food, penicillin, other drugs, etc.) YES _____ NO _____

If yes, please explain: _____

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin) YES _____ NO _____

If yes, please explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?
YES _____ NO _____ If yes, please explain: _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Wallenstein Bible Chapel, its staff, and its volunteers are hereby released from any liability.

In the event that your child requires special medication, x-rays or treatment, the parents / guardians will be notified immediately.

In case of surgical emergency, I hereby give permission to the physician selected by Wallenstein Bible Chapel to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number: _____

Name of Family Physician: _____ Physician's Phone Number: _____

Parent/Guardian/Adult Participant's Signature: _____ Date: _____

Purposes and Extent

Wallenstein Bible Chapel 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 Wallenstein Bible Chapel to limit the information collected, or to view your child's information, please contact us.

Wallenstein Bible Chapel
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