



**INFORMED CONSENT & PERMISSION FORM**

**JUNIOR YOUTH**  
**Tuesday, September 26, 2017 – April 24, 2018**  
**(No event on Dec 19, 26, Jan 2, Mar 13)**  
**At Wallenstein Bible Chapel**  
**Tuesday evenings from 6:30 pm – 8:15 pm**

A time to connect and grow together, through relevant Bible study, fun games, service activities and delicious snacks.

**Leaders/Chaperones:** Brad Martin, Brandon Wideman, Stephanie Clemmer, Josh Ramirez, Kylie Hockley

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Name of child: \_\_\_\_\_ Date of Birth (D/M/Y): \_\_\_\_\_

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Alternate emergency contact name and phone number: \_\_\_\_\_

If you would like to receive update e-mails, please add the e-mail address (es) below:

\_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any severe or life-threatening allergies?  
(bee stings, food, penicillin, other drugs, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, explain on back)

Is your child bringing any medication with him or her? (antibiotics, ventilator, ritalin) Yes \_\_\_\_ No \_\_\_\_ (If yes, explain on back)

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 on back)

- Note:
- 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. OHIP # (optional) \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

**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.

**PHOTO/VIDEO PERMISSION**

I give permission for me and my child(ren)'s picture or any photographic/video footage taken of my child(ren) to be used for identification pictures for security or in other (Organization) Church promotional materials for any church use. I acknowledge that these photographs will be store on the (Organization) computer for these purposes. YES  NO

Parent/Guardian/Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_