

**QUENCH INFORMED CONSENT & PERMISSION FORM
CAMP MINI-YO-WE WORK 'N PLAY WEEKEND
Friday, May 18 – Monday, May 21, 2018**

Camp Mini-Yo-We (1878 Muskoka Road 10, Port Sydney, ON P0B 1L0)

Bus departs WBC on Friday, May 18 at 3:30 pm and returns Monday, May 21 at 7:00 pm.

**Consent Forms & \$80 due May 6. (Price goes up to \$100 on May 7. All registrations must be in by May 13.)
Submit to Info Centre or Rylan Beringer or Lisa Penner.**

Description of Event: Possible activities: working, outdoor games, bush game, skate park, high ropes, rock climbing, skating, hockey, volleyball etc.

Chaperones: Rod & Jen Clemmer, Adam & Giselle Bauman, Jordan & Julissa Weber, Ben Wideman, Bella Duncan

Emergency Contact: (888) 226-7699 toll free or (705) 385-2629 or by contacting Adam Bauman: (519) 498-8845

CAMP MINI-YO-WE WORK N PLAY WEEKEND May 18 – 21, 2018

Name of youth: _____ Birthdate: _____

Parent/Guardian Name: _____

Address: _____ Postal Code: _____

Phone: _____ Cell: _____

Youth Cell: (if applicable) _____

Alternate emergency contact name and phone number: _____

If you or your youth 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.

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

Wallenstein Bible Chapel, 4522 Herrgott Rd., P.O. Box 51, Wallenstein, ON N0B 2S0 519-669-2319

Rev: Mar 24/16 App: Mar 28/16