



INFORMED CONSENT FORM

Name of Participant _____

Address _____

City _____ Province _____ Postal Code _____

Home Number _____ Cell Number _____

Email address _____

Date of Birth (month/day/year) _____ School Grade _____

School's Name _____ Care Card Number _____

Emergency Contact Person _____

Relation to the Participant _____ Phone Number _____

Family Physician's Name _____ Phone Number _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information regarding the participant:

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to White Rock Community Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I confirm that, following my child's medical conditions, it may affect my child's ability to participate in church group activities.

Signed _____ Date _____

(Parent or legal guardian)

PARENT/GUARDIAN PERMISSION SLIP

The written, informed consent of parents/guardians is required for participation in the church group trips*:

- Coffee/Hot Chocolate trips
- Beach trips
- Meal trips (example: to McDonald’s, Tim Hortons, Starbucks)
- Field trips (to school’s gym, soccer field)

*We will have parents filled another permission slip when we go for overnight and long trips (ski trips & youth camp)

I, _____ (parent/guardian) of _____

have agreed to let my child participate in the church group trips and activities. I am aware of the risk inherent in these activities and my signature indicates that my child has my informed consent to participate.

Does the church have permission to take pictures of your child during our activities and post them on our social media (Website, Facebook, and Instagram), if needed, for church purposes only? ___ Yes ___ No

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian