

I/we, the parents or guardians named above, authorize OAC staff or one of the Okotoks Alliance Church Children's Ministry Volunteers to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless OAC staff, the Children's Ministry Volunteers, Okotoks Alliance Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Okotoks Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

This consent and authorization is effective only when participating in or traveling to events of the Okotoks Alliance Church VBS.

**Parent/Guardian Consent and Authorization:**

I have read, understood and agree with the above and sign it to cover all activities related to the VBS of Okotoks Alliance Church.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Photo Release:**

Over the course of this VBS, pictures may be taken for both internal and external purposes. Please indicate your consent by selecting the appropriate response below:

Yes \_\_\_\_\_ No \_\_\_\_\_

For more information, please contact email [kidzone@okalliance.ca](mailto:kidzone@okalliance.ca).



## VACATION BIBLE SCHOOL

Preschool

June 26 - 29th, 2023

Ages 3 - 5



## Jerusalem Marketplace VBS

Okotoks Alliance Church

June 26 - 29, 2023

\$40/child

Please fill out one per child and

Return with payment to the church office

(Cheques can be made out to Okotoks Alliance Church)

**Ages 3 - 5**

**When: June 26 - 29, 2023**

**9am - Noon**

**Where: Okotoks Alliance Church**

**Cost: \$40.00**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_

Health Card Number \_\_\_\_\_

Email \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of?

\_\_\_\_\_

\_\_\_\_\_

Is your child bringing any medication with them? If yes, please list.

\_\_\_\_\_

Parents'/ Guardians Name \_\_\_\_\_

In case of an emergency, contact (include phone number)

\_\_\_\_\_

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.