



Trinity Lutheran Church



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Protection of Children, Youth and Other Vulnerable People Medical Permission Form

For the Year _____, 20__ to _____, 20__

Name of Child/Youth/Vulnerable Person

_____ (first) _____ (last)

Address: _____

Phone _____ Date of Birth _____

Name of Family Doctor _____

Provincial Health Insurance Number _____

Does your child have any severe or life-threatening allergies? (eg. Bee stings, food, penicillin or other drugs, etc.)

Yes No Detail _____

Does your child use or carry any medications? (eg. Antibiotic, ventilator, epi-pen etc.)

Yes No Detail _____

Does your child have any physical, emotional, cognitive or behavioral concerns or limitations?

Yes No Detail _____

Does your child have any medical conditions of which we should be aware?

Yes No Detail _____

Does your child have an aide or assistance at school? _____

In the event of accident, sickness or other medical emergency, I hereby authorize Trinity Lutheran Church to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly and that parents or guardians will be notified at the earliest possible opportunity.

In the event of accident, sickness or other medical emergency, Trinity Lutheran Church, its pastor, staff and volunteers are hereby released from any liability.

Signature of Parent/Legal guardian

Date signed