



Trinity Lutheran Church



811 Cassils Road West • Brooks, AB • T1R 0E4
www.brookstrinity.ca

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CONFIRMATION/YOUTH PERMISSION/RELEASE FORM 2026/2027

Youth Activity Permission Form

Youth's Name: _____ Grade: _____

Youth's Cell: _____ School: _____

Youth Birthdate: _____ Youth Email: _____

Address: _____

Medical/allergies concerns: _____

Name(s) of Parent(s) or Guardian (s) _____

Home Phone: _____ Parent Cell: _____ Parent cell: _____

Parent email: _____ Parent email: _____

Alternate Person to Contact in Emergency _____

Relationship to child/youth _____

We request this form as part of the "Protection of Children, Youth and Other Vulnerable People Policy"

I give permission for the child/youth vulnerable person named above to participate in trips, retreats, camps and any other on or off-site activities that are sponsored by Trinity Lutheran Church and which are offered as part of Trinity Lutheran Church's Children's Ministry, Confirmation Ministry program (including Trinity Lutheran Church's Mentoring Program), Trinity Lutheran Church Youth Group activities or other ministries.

On occasions when I cannot provide transportation myself, I consent to my child being driven to and from these activities by a designated adult with appropriate insurance.

☐ I give permission for any pictures/videos taken at these events to be used by Trinity Lutheran Church in worship or for publicity.

Signature of Parent/Legal guardian

Date signed

Signature of Youth

Date signed

TURN OVER



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Protection of Children, Youth and Other Vulnerable People Medical Permission Form 2026/2027

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(s), staff and volunteers are hereby released from any liability.

Signature of Parent/Legal guardian

Date signed