

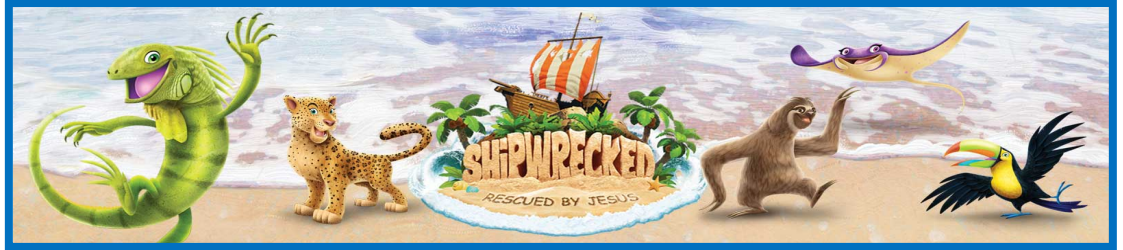
# Screening in Faith

PARENT/GUARDIAN CONSENT FORM -

INFORMATION SHEET

When we plan an event for your child/teen, not only do we want to plan a fun, exciting event, but we hold the health and safety of the participants as our primary concern. Part of that is to ensure that you know what your child/youth is doing, and if in the unlikely event we need to contact you in an emergency, we have that information at our finger tips. At times through the week (weather dependent) we may leave the building and grounds i.e. go to Centennial Park with the Children.

## Event Information:



The Event/Activity is:

Vacation Bible School ~ Shipwrecked

from: July 23 o: July 27

to be held:

9 a.m. to noon Monday through Friday

at this location:

St. George's Anglican Church Trenton

Parish House

25 John Street

Leader's name:

Bonnie McMillan ~Coordinator

613-392-2379, bmcmillanrtd@gmail.com

## Participant Information:

Name: \_\_\_\_\_

Male  Female

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address : \_\_\_\_\_

School Grade Completed:\_\_\_\_\_

Please list any medications, health concerns or allergies relevant to this event: \_\_\_\_\_

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**This section applies for underage participants who are less than sixteen (16) years of age.**

In return for permission to attend the above Event, the undersigned acknowledges and warrants that:

a) My son/daughter/ward requires special arrangements to safely participate in the Event under normal adult supervision.

Yes No

If you answered Yes, please specify the special arrangements required:

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b) If your son/daughter/ward requires medical treatment, your signature (below) on this Consent Form gives the event leaders authority to take initial steps to secure medical advice and services. In that event, you, or the person you designate on the form, will be contacted as soon as possible.

c) I also understand that photographs and video recordings taken at this event may be used for promotion and/or news purposes. This includes our newsletter and website.

d) I give permission for my child to attend all activities including going off the grounds. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/ Guardian*

\_\_\_\_\_  
*Date*

**The emergency contact information for your child/youth is...**

Name: (print) _____		Relationship to participant: _____	
Address: _____			
Phone: Day: _____	Night: _____	Cell: _____	

If, in an emergency, you cannot be reached, the following person is hereby authorized to act your behalf and **has been notified that he/she has been granted this authority and may be contacted by The Anglican Churches of Quinte West.**

Name: (print) _____		Relationship to participant: _____	
Address: _____			
Phone: Day: _____	Night: _____	Cell: _____	

Return this signed form to: **The Church Office By: June 30, 2018**