

CHILD/YOUTH PERMISSION FORM

Last Name _____ First Name _____

Date of birth (mm/dd/yy) ___/___/___/ Age ___ Gender M F

Alberta health care # _____ Family doctor _____

Medical/allergies (Explain) _____

Primary Phone # _____ Relationship to Child _____

Address _____

Secondary Phone # _____ Relationship to Child _____

Emergency Contact# : _____ Relationship to Child _____

I, _____ thereby release Chauvin Gospel Centre of any legal or financial responsibility, in case of accident or injury involving my child while involved in any activity or program sponsored by or coordinated as a part of a Chauvin Gospel Centers youth activity @ Chauvin Gospel Centre or anywhere else. Further, I give permission to Chauvin Gospel Centers staff and or volunteers to contact emergency personnel and to have my child treated by a doctor, nurse, EMT or competent other incase of an accident or medical emergency, If I am unable to be reached. All the information I have given is complete and is correct to the best of my knowledge. I also give my child permission to ride with the youth leaders and or volunteers when we go on youth. group outings.

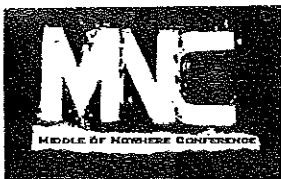
Parent/guardian _____

Parent/guardian signature _____ Date _____

I also authorize my child's photo to be taken and used as part of KZAMM KIDS or Youth programming, for example: KZAMM KIDS picture collages, Special Events, web-site, brochures, etc. Yes ___ No ___

Signature _____

Please note this information is for the sole purpose of protecting your child and ensuring we are giving your child the highest priority of care in your absence.



← **...Don't Miss M.N.C. July 24,25,26, 2009 – An In "Tents" Encounter !!!**