



Harvest Youth Ministries All-Year Permission Form

SEPTEMBER 1 2011—SEPTEMBER 30 2012

FIRST NAME _____ LAST NAME _____
ADDRESS _____ UNIT # _____
CITY _____ POSTAL CODE _____
PHONE _____ CELL PHONE _____
BIRTHDAY _____ GRADE _____ SCHOOL _____
EMAIL _____
PARENTS/GUARDIAN NAMES _____
BROTHERS OR SISTERS _____
FAMILY DOCTOR _____ DOCTOR'S PHONE _____
HEALTH CARD # _____
ALLERGIES _____
SPECIAL MEDICATIONS _____

I / We give consent for (print name of minor) _____ to attend any Youth Ministries events being sponsored by Harvest Bible Chapel Oakville.

In the event that he or she is injured while under the care of Harvest Bible Chapel Oakville and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician.

I / We further agree to hold the licensed physician, the medical facility, the Harvest Bible Chapel Oakville and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release the Harvest Bible Chapel Oakville and its representatives from any liability due to accident or injury incurred by my child.

I/We agree to cover all costs if our student needs to be sent home for disciplinary reasons.

I/We understand that my child, may be traveling in vans, cars and /or buses for some events.

PARENT/GUARDIAN SIGNATURE _____ DATED _____
NAME OF PARENT/GUARDIAN (PRINT) _____
TELEPHONE AT HOME () _____ TELEPHONE AT WORK () _____
OTHER PHONE (SPECIFY CELLULAR/PAGER, ETC.) () _____
PARENT'S EMAIL _____

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency!

Harvest Bible Chapel Oakville, 1215 Lakeshore Road West, Oakville, ON L6L 1E7 Phone 905-827-4157

