harvestyouth
PSALM 1:3

Harvest Youth Ministries Year Round Permission Form

September 1 2012 – September 30 2013

First Name: _____ Last Name: _____

Address: _____ Unit # _____

City: _____ Postal Code: _____

Phone Number: _____ Cell Number: _____

Birthday: _____ Grade: _____ School: _____

Email Address: _____

Parent/Guardian(s): _____

Family Doctor: _____ Doctor Phone Number: _____

Health Card # _____ Allergies: _____

_____

Special Medications: _____

I/We give consent for (name of minor) _____ to attend any Youth Ministries event 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 and its representatives free and harmless from 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 on or by the aforementioned minor. I/We agree to cover all costs if my/our minor needs to be sent home for disciplinary reasons. I/We understand that my/our minor may be traveling in vans, cars and/or buses for events.

Parent/Guardian signature: _____ Date: _____

Name of Parent/Guardian (print): _____

Home Phone # _____ Work Phone # _____

Other Pone # (please specify cell/pager, etc) _____

Parent/Guardian email _____

Representatives of Harvest Bible Chapel Oakville will take every possible safety precaution and possible means to contact parent/guardian(s) in the event of a serious injury or other emergency.

Harvest Bible Chapel Oakville, 505 Great Lakes Blvd, Oakville ON, L6L 2X9, Phone 905-827-4159