

SENIOR YOUTH GROUP PARENTAL CONSENT FORM

Osler Community Church

625 3rd St. Osler, SK S0K 3A0 . 306-239-2224

Leaders: Rick Heppner 306-241-2822 / Kathy Heppner 306-261-3293

The safety of your child is our primary concern; precaution will be taken for their wellbeing and protection.

This permission slip will serve as a permanent consent/permission form for all on and off church property senior youth groups events, with the exception of events that involve greater than normal risks (such as retreats, overnight events, waterskiing or motorsports, etc.), where an additional form will be required. In the event of an emergency, the Osler Community Church Youth Leaders will make every effort to contact the parent or guardian immediately.

My child/children _____, _____,
has/have my permission to participate in any regularly scheduled church and youth group events, as planned by the Osler Community Church Youth Group. I understand that this may include swimming in both public and private pools, hiking activities, road trips, and other field trips. I realize that transportation may be given by the youth leaders, volunteer drivers, or by youth attendees. I understand that, unless previously arranged, I will arrange pick up for my child at the Osler Community Church after the event.

Additionally, I give my consent to the Osler Community Church Staff, Youth Leaders and volunteers to seek necessary emergency medical care prescribed by a licensed physician for my child. I assume the responsibility for my child's participation in adult supervised Church programs and will not hold Osler Community Church, nor its Staff or Leaders, nor attendees, liable for any loss, damages, illness or injury incurred at Youth Group activities at which every reasonable precaution has been taken.

Signature of Parent/Guardian: _____ Date: _____

Student Name: _____ Date of Birth: _____

Address: _____ Health Card #: _____

Student Name: _____ Date of Birth: _____

Address: _____ Health Card #: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Parent/Guardian Cell #: _____ Parent/Guardian Cell #: _____

Parent/Guardian Email: _____

Allergies or medical conditions (including physical, emotional, mental, behavioral concerns or limitations):