

HARVEST YOUTH

Harvest Youth Ministries All-Year Permission Form September 2011 – August 2012

Student Info:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMAIL: _____

PHONE: (____) _____ CELL PHONE: (____) _____

BIRTHDAY: _____ GRADE: _____ SCHOOL: _____

PARENTS/GUARDIAN NAMES: _____

HEALTH CARD #: _____

FOOD ALLERGIES: _____

SPECIAL MEDICATIONS: _____

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

In the event that he or she is injured while under the care of Harvest Bible Chapel Cambridge 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, Harvest Bible Chapel Cambridge, and 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 Harvest Bible Chapel Cambridge 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, cards, and/or buses for some events.

PARENTS/GUARDIAN SIGNATURE: _____ DATED: _____

NAME OF PARENT/GUARDIAN (PRINT): _____

TELEPHONE AT HOME: (____) _____ TELEPHONE AT WORK: (____) _____

OTHER PHONE (SPECIFICALLY 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 Cambridge. 106-181 Groh Avenue, Cambridge, Ontario, N3C 1Y8. Phone: 519-658-6333