

Barrhead Alliance Church Youth Consent Form

Event Name: _____

Student Name _____

Alberta Health Care Number _____

Medical Conditions or Known Allergies (please list)

Emergency Contact name and Phone Number

(name)

(phone)

(cell)

I, _____, give my consent for my child's _____ information to be held for emergency purposes for the timeframe outlined above. I give my permission to Barrhead Alliance Youth leaders to use the above information if an emergency situation arises with my child.

With this consent, I also give my permission to the leaders of the Barrhead Alliance Youth to transport my child to the Edmonton Corn Maze (located near Devon, AB).

Signature of Parent or Guardian

Date

Please return this form prior to September 9, 2011