Barrhead Alliance Church Youth Consent Form

Sept 1, 2011 - August 31, 2012

Place Student's current photo here

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. This form will be made available to the leaders at all official youth events (ie: Wednesday & Friday nights) and will be stored in a secured and locked office when not needed. With this consent, I also give my permission to the leaders of the Barrhead Alliance Youth to transport my child to various youth events held within the Barrhead and Westlock Town and/or County. I understand that if an event take place outside the previously mentioned area there will be an additional consent form required.

_____ _____

Signature of Parent or Guardian Date

Please return this form by September 15, 2011