

YOUTH MINISTRIES CONSENT FORM

Full Gospel Tabernacle
6-12 Spruce Ave, P.O. Box 39
Glovertown, NL, A0G 2L0
P: 709-533-1150
F: 709-533-1108

Full Name of Youth/Child: _____

(Please Note: If more than one child, a separate individual form must be completed, per child)

Date of Birth: (dd/mm/yy) _____ / _____ / _____

MCP # _____ (If relocated from another province, please provide Medical Card from the province until a new one is received from the province of NL).

Name of Parent/Legal Guardian: _____

(This person will be considered the contact person in case of emergency & must sign form below)

Relationship to Youth/Child Named Above: _____

Home Tel. Number _____

Work Tel. Number _____

Cell Number _____

Other Emergency Number _____

Mailing Address:

P.O. Box # _____

Street _____

Town _____

Province _____

Postal Code _____

Please describe any allergies, history of medical problems, or other physical issues that should be known by our volunteer staff (Leaving this section blank, will be understood to mean that NO medical or physical issues exist or have existed in the past – please note, failure to declare known conditions that may prove to be a hazard to your child, may be considered legal negligence on the part of the parent or guardian) _____

Consent/Medical Release:

"I/We give consent for _____ (Youth/child named above) to participate in and travel with all church related activities both on and off site, planned and organized by Full Gospel Tabernacle for the year of _____. I/We understand, that in all event the inherent risk of injury exists, and we understand that Full Gospel Tabernacle, enforces a strict Plan to Protect Policy for Children and Youth. Therefore, in the event medical treatment is required, every effort will be made to contact me/us. However, if I/we cannot be reached, I/we hereby give permission for Full Gospel Tabernacle, any of its agents of volunteer staff, to secure first aid treatment and if necessary, medical treatment for my child, in an emergency situation; including the ordering of injections, anesthesia, and surgery. I/We also agree to be financially responsible for any additional medical costs that are not covered under the provincial medicare plan, i.e., the use of ambulance services, doctor's fees, etc. I/We also waive all liability claims for injuries caused by unauthorized activities and understand that if my/our child must be removed due to unruly behavior, I/we will be held financially and legally responsible for the safe return home of my child from said event."

Parent/Legal Guardian Signature: _____ Date: _____

Office Use Only: Date Received _____ Dept./Ministry Received By _____