

MCF Impact Youth Parental Permission Form (Sep 2009-Sep 2010)

I / We give consent for

to attend Morinville Christian Fellowship (MCF) Impact Youth Ministries Services and Events—including off site events where MCF will provide transportation.

In the event that he or she is injured while under the care of MCF and its representatives and requires the attention of a doctor, I hereby authorize, consent to, and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the MCF, and its representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We agree to cover all costs if our child needs to be sent home for disciplinary reasons

I/We understand the nature of the event and do hereby release MCF and its representatives from any liability, agreeing to personally assume all risks (liability due to accident or injury incurred by my child or property which I now have or which may arise in the future in connection with the event or participation in any other associated activities) which may be encountered on said event, including activities preliminary and subsequent thereto.

Name of Parent/Guardian (if under 18)

Medical condition(s) of person

Parent/Guardian Telephone @ Home

Parent/Guardian Telephone @ Work

Parent/Guardian Mobile Phone

Other Emergency Contact

Medical Number

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

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