LETTER OF INFORMED CONSENT: <event name>

Date of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of the Activity:

* <List all details to provide parents with an accurate picture of activities. Below are examples.>
* Transportation to and from the retreat is arranged by the church group leader.
* Participants will be participating in 4 main sessions involving a worship band, multimedia presentations (which may include strobe lights, intelligent lights, and pyrotechnics), dramatic acts, some low-risk icebreaker games and a speaker. They will also be in small group discussions, morning devotional times, team competitions games both outside on field or indoors, and two timeslots for free-to-choose activities which students can elect to do (including but not exclusive to tubing, indoor rock-climbing, cross-country skiing, skateboarding, break-dancing, graffiti painting).
* The church group is bringing min. 1 leader per 10 students of the same sex.

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

**Permission Form and Consent:**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Leader’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents’ Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special needs (dietary, disability, allergies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency, contact** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to the participation of my/our child in this supervised activity.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at <CHURCH NAME>. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the Director of Youth Ministries or one of <CHURCH NAME> ministry personnel to sign a consent for medical treatment and to authorize any physician, dentist or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless <CHURCH NAME>, its personnel, its Staff and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of <CHURCH NAME>, as well as of any medical treatment authorized by the supervising individuals representing <CHURCH NAME>. This consent and authorization is effective only when participating in events of the <CHURCH NAME>.

I also grant permission for the reasonable use of pictures or video of my child in any <CHURCH NAME> publications (in print, online or other media yet to be invented).

I have read, understood and agree with above.

Parent / Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEADER’S WAIVER FORM-<event name>

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt: \_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_ M or F: \_\_\_

Emergency Contact (& phone #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special needs (dietary, disability, allergies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In consideration for participating in the <event name> event, I hereby acknowledge that precautions are taken for the safety and health of me. But in the event of an accident, injury or sickness, I hereby release, discharge and covenant not to sue <CHURCH NAME>, its staff and its volunteers from any liability, loss and damages.
2. I agree in the event that I conduct myself in a manner that is not appropriate, I will be dealt with appropriately, including the possibility of immediate dismissal.
3. I agree in the event that I require special medication, x-rays or treatment, the emergency contact will be notified immediately.
4. In case of surgical emergency, I hereby give permission to the physician or dentist selected by <CHURCH NAME> to hospitalise, secure proper treatment for, and to order injection, anaesthesia or surgery for me.
5. I declare that I am covered by Provincial Health Insurance or equivalent medical insurance.
6. I agree to be photographed or videotaped for any <CHURCH NAME> publications (including web and internet broadcasting, in print or any other media not yet invented).
7. I declare that I have been screened and cleared through my church’s child protection policy (which includes a valid criminal record check and vulnerable sector scan). Otherwise, I can be declined registration.
8. I am also aware that my responsibilities as a group leader include supervising, leading and disciplining my students and leading my group in small group sessions.

By signing below, I understand and agree to the above statements, and ensure the information given is **complete** and **accurate**.

Leader’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_