



GRACE CHRISTIAN FELLOWSHIP

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Rev. Michael Albano, B.A.R.S, Lead Pastor | Rev. Tony Albano, B.A., B. Ed., M.T.S, Associate Pastor

PARENTAL CONSENT FOR CHURCH YOUTH ACTIVITIES

EVENT INFORMATION:

Date: November 16 – 18, 2018

Location: Campfire Summer Bible Camp

Description: Youth Retreat

We will be leaving from Grace Christian Fellowship on Friday, Nov. 16th and spending 2 nights at a camp in Markdale, ON, returning on Sunday, Nov. 18th.

YOUTH DETAILS:

Full Name: _____

Address: _____

Telephone: _____

E-mail address: _____

Date of Birth: _____, _____

Health Card Number: _____ - _____ - _____ - _____

PARENT/GUARDIAN DETAILS:

Parent or Guardian's Name(s): _____

Phone Number: _____ Cell Number: _____

Alternate Emergency Contact Name(s): _____

Phone Number: _____ Cell Number: _____

MEDICAL DOCTOR DETAILS:

Family Doctor's Name _____

Address _____

Phone Number _____

CONSENT

I give consent to my child taking part in the above-mentioned event. I also give consent that they can make their own way from this event if necessary.

I agree to photographs and short videos of activities including my child to be taken for use within the church community and for possible publication including newspaper or internet.

I agree to any emergency treatment to be given as considered necessary.

Signed: _____

Print Name: _____

Date: _____