

ROCKCLIFFE CHURCH - AUTHORIZATION AND MEDICAL CONSENT FORM

Activity: Trip to Barrie, ON. We will be at the Bayfield Mall for a couple of hours and have supper at the food court. We then go to Timothy Christian School for the Air Raid 20 Concert at 6:00pm. This concert features 3 Christian bands, House of Heros, Manic Drive and V. Rose. Check out the website airraid.ca for more info.

Cost: \$20.00 covers the concert ticket plus gas. Please have youth bring their own money to purchase supper.

Date/Time: Saturday, February 25, 2012. Drop off youth at the church at 1:00pm. Pick up youth at the church at midnight (approximately, we will call or text to let you know when we will be back at the church).

Chaperones: Jennica Waghorn, Jeff Lafrance, Jordan Smith, Joel Smith, Eric Jasper, Brian Jasper, Sandi Jasper and other parents/guardians who may wish to attend.

Transportation: Personal vehicles.

Please have this permission form (detach below) and \$20.00 handed in by Sunday, February, 12th, 2012 to any youth leaders/chaperones listed above. Thanks. Please keep this upper portion for your information, complete, sign and hand in the lower portion .if you have any questions or concerns please contact the church office or Pastor Brian Jasper at 519-376-1284.

-----Detach here-----

Information received is confidential and is being gathered for the purposes of serving your youth while in the care of Rockcliffe Church. Any medical information collected here serves to authorize Rockcliffe Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Youth Name: _____ Date of Birth: _____

Address: _____

Phone number: _____ Health Card number: _____

Family Doctor: _____ Doctor's phone number: _____

Allergies: _____

Does your youth have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? Yes _____ No _____

If yes, please explain _____

Is your youth bringing any medication with him/her? Yes _____ No _____

If yes, please list _____

In the event of an emergency, please contact:

Name: _____ Phone number: _____

Cell number: _____ Work number: _____

I have read, understood and agree with the above information provided for this activity. I give permission for my youth to participate in the Trip to Barrie, ON activity as outlined above.

I/we, the parents or guardians, authorize the Rockcliffe Church ministry staff/chaperones to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we undertake and agree to indemnify and hold blameless Rockcliffe Church, its pastors, representatives and Board of Deacons from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Rockcliffe Church, as well as any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Rockcliffe Church.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____