



## Rockcliffe Pentecostal Church

### **LETTER OF INFORMED CONSENT**

To be used for all off-site trips and activities of increased risk.

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

Student Name(s): \_\_\_\_\_

Activity: **SCAVENGER HUNT**

Date of Activity: **Friday, October 25, 2019**

**Details of the Activity: Senior Youth will participate in a Scavenger Hunt around Owen Sound.**

**Special Information: Leaving the church at 7:45pm and returning at 9:15pm. Travelling in cars driven by approved and Plan to Protect screened drivers (3-4 per car) within the limits of Owen Sound. Stopping for a snack break at a local Tim Horton's or McDonald's. Please dress according to the weather and wear appropriate footwear.**

**Cost: Bring money for snack break.**

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. Please note that all physical activities have risks. The safety of your Child is our primary concern. Precautions will be taken for their wellbeing and protection.

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**Permission Form and Consent:**

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

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

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

**In case of an emergency, contact** \_\_\_\_\_

I voluntarily agree and consent to the participation of my/our Child(ren) 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 Rockcliffe Pentecostal Church. I/we understand that I am exposing my Child to inherent risks and hazards. I accept all these risks and hazards and agree that by allowing my Child to participate in those activities, and acknowledge that I will be responsible for any injury or other loss which may occur during my Child's participation of these activities.

I/we, the Parents or guardians named below, authorize Jeff Adams (program lead) or one of Rockcliffe Pentecostal Church's Program Personnel to sign 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, named below, undertake and agree to indemnify and hold blameless Rockcliffe Pentecostal Church, its Personnel, its leaders and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Rockcliffe Pentecostal Church, as well as of any medical treatment authorized by the supervising individuals representing Rockcliffe Pentecostal Church This consent and authorization is effective only when participating in or traveling to events of Rockcliffe Pentecostal Church I have read, understood and agree with above.**

Activity: \_\_\_\_\_

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

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

Witness Signature \_\_\_\_\_

Witness Printed Name \_\_\_\_\_

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