

Permission Form, Church of St. Andrew

Toronto Youth NOW! (Night of Worship)

Friday, November 27, 7 pm to 9 pm

St. Paul's Anglican Church, Bloor Street

Leader's name: Heather McCance

Transportation arrangements

Time and place of departure: Meet at St.

Andrew's by 6:15 pm; we will return to St.

Andrew's approximately 9:30 pm; travel will

be by private cars driven by staff/volunteers

of St. Andrew's

Parent/Guardian Consent Form

Information

When we plan an event for your child/teen, not

only do we want to plan a fun, exciting event,

but we hold the health and safety of the

participants as our primary concern. Part of

that is to ensure that you know what your son/

daughter/ward is doing, and if in the unlikely event we need to contact you in an emergency,

we have that information at our finger tips.



Participant Information:

Name: _____

(print name of participant attending event.)

Male Female

Age: _____ Address: _____

Phone #: _____ email: _____

Please list any medications, health concerns or allergies relevant to this event:

This section applies for underage participants who are less than sixteen (16) years of age. In return for permission to attend the above Event, the undersigned acknowledges and warrants that:

a) My son/daughter/ward requires no special arrangements to safely participate in the Event under normal adult supervision.

Yes No If you answered No, specify the special arrangements required:

b) If your son/daughter/ward requires medical treatment, your signature (below) on this Consent Form gives the event leaders authority to take initial steps to secure medical advice and services. In that event, you, or the person you designate on the form, will be contacted as soon as possible.

c) I give permission for my son/daughter/ward's image to be used in reports of this event/ publicity of future events by the Diocese of Toronto, St. Paul's Church and/or the Church of St. Andrew:

Yes No

Signature of Parent/ Guardian

Date

PLEASE PRINT CLEARLY

Your Name:(print) _____

Relationship to participant: _____

Address: _____

Phone: during the event: _____

If, in an emergency, you cannot be reached, the following person is hereby authorized to act on your behalf and has been notified that he/she has been granted this authority and may be contacted by a Youth Leader.

Name:(print) _____

Relationship to participant: _____

Phone: During the event: _____