

Living Spirit United Church

Parental Permission and Medical Release Form

“Rock the Night Away” a CO-ED Lock – IN (ages 7 to 11)

My child \_\_\_\_\_ has my permission to participate with the children’s ministry group to:

“Rock the Night Away”

at Living Spirit United Church

629 – 49<sup>th</sup> Avenue SW, Calgary, Alberta

403-243-3180

[www.livingspirit.ca](http://www.livingspirit.ca)

Arrival: Saturday, January 28<sup>th</sup> 6 PM

Pick up: Sunday, January 29<sup>th</sup> 11:15 AM

I understand that there is no financial cost to attend this event.

Chaperones: Traci Hubbard (clergy) and Rob McLaughlin (parent)

Traci’s contact number: (cell) 403-819-6609

I hereby agree to indemnify and hold harmless Living Spirit United Church and The United Church of Canada’s officers, employees, and volunteer staff from any liability. I also give consent for pictures to be placed on the church website and Facebook page.

Contact information: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

MEDICAL RELEASE

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for:

(Child's name)\_\_\_\_\_

in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for (insert date). This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Allergies:

\_\_\_\_\_

Insurance Policy:

\_\_\_\_\_

[Please notify the office whenever there is a change in medical/insurance information on file in the office.]

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

Date