

## Trinity Bible Chapel Permission Form January 2018 – August 2018

**Student Info:** 

FIRST NAME:	LAST NAME:			_
ADDRESS:				
	POSTAL CODE:			
EMAIL:				
PHONE: ()	CELL PHONE: (_	)		•
BIRTHDAY:	GRADE:	SCHOOL:		<del></del>
HEALTH CARD #:				
ALLERGIES:		-		
SPECIAL MEDICATIONS:		<del></del>		
I/We give consent for (print na	me of minor)		to attend a	ny Youth Ministries events
being sponsored by Trinity Bibl	e Chapel.			
claims, demands or suits for da	licensed physician, the medical facili images arising from the authorization the event and do hereby release Tri my child.	n and provision of s	such medical treatme	ent.
I/We agree to cover all costs if	our student needs to be sent home	or disciplinary reas	sons.	
I/We understand that my child	, may be traveling in vans, cards, and	/or buses for some	events.	
•	le Chapel to use photos or video, for publications, and the church website		omoting the church o	or youth ministry through
	RE:			
NAME OF PARENT/GUARDIAN	(PRINT):			
TELEPHONE AT HOME: ()	TELEPHONE A	T WORK: ()_		
OTHER PHONE: ()				
PARENT'S EMAIL:				

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency!

Trinity Bible Chapel. 106-181 Groh Avenue, Cambridge, Ontario, N3C 1Y8. Phone: 519-658-6333