

# HSLC Youth Activity Permission Form



Name of Youth	
Address	
Phone (home)	Email (family/parent)
Phone (cell)	Email (youth)
Additional phone	Additional email
Date of Birth	School
Date of Baptism	Godparent(s)
Name of Church for Baptism	Location of Church for Baptism
Name(s) of Parent(s) or Guardian(s)	
Mother's maiden name (if using a married name)	
Does youth reside with both parents? <b>yes / no</b> (if no, which parent/guardian does the youth reside with)	
Alternate Person to Contact in Emergency	
Relationship to youth	Phone

I give permission for the child/youth/vulnerable person named above to participate in field trips, retreats, camps and any other off-site activities that are sponsored by Holy Spirit Lutheran and which are offered as part of Holy Spirit Lutheran's Sunday Church School, Confirmation Ministry program including Youth Group activities or other ministries: **yes / no**

On occasions when I cannot provide transportation myself, I consent to my child being driven to and from these activities by an adult member of Holy Spirit Lutheran Church: **yes / no**

I give permission for pictures of the youth named above to appear on the youth board in the narthex of our church or in the youth room: **yes / no** and/or on the Holy Spirit Webpage and Holy Spirit monthly newsletter: **yes / no**

I give permission for the youth named above to attend one on one coffee meeting with the youth and family director with the understanding that an email/phone contact will be made with me one week before the event: **yes / no**

I understand that Holy Spirit Lutheran will do its best to follow the guidelines set out in *POLICY TO PROTECT CHILDREN, YOUTH AND OTHER VULNERABLE PEOPLE IN THE ELCIC* which is intended for the health, safety and protection of the children, youth, other vulnerable people and the volunteers of Holy Spirit Lutheran Church Youth and Family Ministry.

Parent/Guardian's Signature	Date
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# HSLC Youth Medical Permission Form



Name of Youth	
Date of Birth	
Address	
Phone	Email
Name of Family Doctor.	Phone
AB Health Number:	Date of last Tetanus shot:
Additional health care:	

Does your child have any severe or life-threatening allergies?

(eg. bee stings, food, penicillin or other drugs, etc.)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
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Does your child use or carry any medications?

(eg. antibiotic, ventilator, epi-pen, etc.)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
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Does your child have any physical, emotional, cognitive or behavioural concerns or limitations?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
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Does your child have any medical conditions of which we should be aware?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
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On my behalf and on the behalf of \_\_\_\_\_(youth), I hereby release Holy Spirit Lutheran Church, its agents, members and employees and hold them harmless from any and all liability for any accident, injury or any claim arising out of the said youth's use of Holy Spirit Lutheran Church or any of its facilities, or by virtue of participation in any of its programs.

In the event of accident, sickness or other medical emergency, I hereby authorize Holy Spirit Lutheran to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly and that parents or guardians will be notified at the earliest possible opportunity.

In the event of accident, sickness or other medical emergency, Holy Spirit Lutheran Church, its pastor, staff and volunteers are hereby released from any liability. This statement is taken directly from our national church policy (<http://www.elcic.ca/docs/protect/04protect19.html>).

Parent/Guardian's Signature	Date
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