

CONSENT FORM for SPRING P.A. LEARNING DAY

Friday April 27, 2018 Westside Lutheran Church, 510 Ferndale Dr N., Barrie

NAME of CHILD: _____

SCHOOL GRADE: _____

ADDRESS: _____

HOME TELEPHONE # _____

BIRTHDATE _____ (mm/dd/yy)

PARENTS: _____

EMERGENCY INFO:

CONTACT PERSON: _____

CELL PHONE: _____ WORK # _____

HOME # (if different from above) _____

EMAIL ADDRESS: _____

FAMILY DOCTOR & PHONE #: _____

HEALTH CARD # _____

ALLERGIES/DIETARY RESTRICTIONS: _____

* * *

I hereby authorize Pastor Ann Krueger/ Learning Day adult leaders to act on my behalf in any emergency situations, on Fri. April 27, 2018, with respect to my son/daughter _____

Dated at Barrie, ON this _____ day of _____, 2018.

Parent/guardian