

ANNUAL PERMISSION SLIP
Clairmont Community Church Youth Group
9905 100 Ave, Clairmont, Alberta T8X 5A8

I, _____, give permission for my, son/daughter
(PARENT/GUARDIAN)

_____, to participate in the Clairmont
(PARTICIPANT)

Community Church Youth Group. This includes regularly scheduled on-site events, or any special off-site events (including travel) that are sponsored by the Clairmont Community Church Youth Ministries during the dates:

September 2023 to September 2024

MEDICAL TREATMENT

(Student's name here) _____ has the permission of the undersigned to participate in Clairmont Community Church Youth activities. In the event of an emergency affecting the health of this participant, the sponsors, leaders, or chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual acting in response to the emergency will be held blameless.

HEALTH CARE CARD #: _____

Signature of Parent/Guardian: _____ Date: _____

Grade of student in fall _____ Date of Birth _____

Address: _____

Home Phone: _____ Cell Phone: _____

Primary Contact Information (*parent/guardian*):

Home Phone: _____ Cell Phone: _____

Secondary Contact Information (*only to be used if primary contact cannot be reached*)

Name: _____ Phone Number: _____

Permission to use my child's image:

I recognize that Clairmont Community Church uses photographs and video images of events in our publicity materials such as the church Facebook page and newsletters. I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

YES NO

Signature of Parent/Guardian: _____ Date: _____