

Clairmont Community Church
9905 100 Ave, Clairmont, Alberta T8X 5A8
STANDING PERMISSON SLIP

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

_____, to be mentored or driven by
(PARTICIPANT)

_____, one on one for
(LEADER)

September 2023 to September 2024

MEDICAL TREATMENT (If filled out on another permission form for the year, you can skip this section)
(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: _____

Relationship to Child: _____