



Special Event Consent Form

As the parent / guardian of _____, I hereby
(name of child)

give my approval for her/him to participate in the _____
(program name)

_____ on _____
(event description & location) (date)

I hereby release Douglas Mennonite Church, staff and volunteers from any claims for personal injury or property loss caused by my child's participation in the event, except where such injury or loss is caused wholly or in part by the willful or negligent act or omission of the staff or volunteers. In the event of a medical emergency involving my child, I hereby authorize the Douglas Mennonite Church staff and/or volunteers to act in my stead for the purpose of authorizing emergency medical treatment or attention.

Signature of Parent or Guardian Date Phone Number

Additional information required about your child: Birth date: _____

MB Medical Registration No. (6 digits): _____ Personal Health I.D. No. (9 digits): _____

Please list any allergies, medical conditions or medications that we should be aware of:

I give permission for my child to be photographed and/or videotaped for promotional material (eg website, pamphlets, slideshows). Check box for yes.