

# WEST PORTAL CHURCH CHILDREN'S MINISTRY

Child's Name: \_\_\_\_\_ M/F: \_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Saskatchewan Health Services Number: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Parents/Guardians Name (please print): \_\_\_\_\_

Date and initial in appropriate box:

Gr. 1  Gr. 2  Gr. 3  Gr. 4  Gr. 5  Gr. 6

## PARENTAL CONSENTS

### Consent for Use of Photographs:

I hereby authorize and give full consent to *West Portal Church* to use on their web site or promotions all photographs in which I/my child appear(s) while involved in the ministries of *West Portal Church*. *West Portal Church* may transfer, use or cause to be used, these photographs on its web site or promotions.

\_\_\_\_\_ I hereby **approve** the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

or

\_\_\_\_\_ I hereby **do not authorize** or grant consent for the use of such photographs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian*

### Consent for Medical Release:

Every activity sponsored by *West Portal Church* is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for any damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. Should there be an emergency, the signature also gives permission for medical treatment to be administered to the minor listed on this form (parent/guardian would be notified as soon as possible).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian*