

IT IS EXTREMELY IMPORTANT THAT THIS SECTION BE FILLED OUT ACCURATELY, CLEARLY AND LEGIBLY. THIS FORM WILL BE USED IF THE YOUTH REQUIRES HEALTH CARE DURING CHURCH PROGRAMMING.

Name _____
(Last)

Health Card # _____ / _____ / _____

1. Emergency Contact _____ Phone # _____

2. Emergency Contact _____ Phone # _____

Family Physician _____ Phone # _____

Allergies (please indicate with an * those that are life threatening)

Do you have special dietary or mobility needs?

Please specify any medical condition(s) that will require monitoring while participating in church programs.

GUARDIAN'S PERMISSION: I declare that _____'s health is suitable for church- related activities and programs. I permit the staff and volunteers of Duncan United Church to engage in on-site medical care as deemed necessary and to use their judgment in determining the extent of immediate medical care required for this youth and to the extent of using the emergency service of a hospital. As well, I agree to not hold staff or volunteers of Duncan United Church liable for accidents or misfortune that may occur to the youth (knowing that every precaution shall be taken by staff and/or volunteers to ensure the youth's welfare and safety).

I am also aware that youth programs at times take youth away from the church premises and I give permission for this youth to participate in off-site programs as directed by Duncan United Church staff and/or volunteers. I also agree that photographs (without name) of this youth may be used in promotional materials of Duncan United Church and shared with others, including on the church's website and Facebook page. Further I agree that this youth's address, telephone number and email address will be added to the church rolls for communication purposes.

Please check box if you DO NOT want pictures of your youth to be used by Duncan United Church for promotional purposes.

Youth's Signature _____ Date: _____

Guardian's Signature _____ Date: _____
(If youth is under the age of 18)

Guardian's Name (please print clearly) _____

Guardian's Address (including postal code) _____