



WAIVER/CONSENT FORM

ACTIVITY: _____

DATE: _____

NAME: _____

HOME PHONE #: _____

EMERGENCY PHONE #: _____

Parents/Guardians:

- Does your child have any allergies? Y/N

If yes, please explain: _____

- Is your child bringing any medication with them? Y/N

If yes, please explain: _____

- Does your child have any physical, emotional, mental or behavioral concerns or limitations of which the FGT Youth Leaders should be aware?
Y/N

If yes, please explain:

- Family Doctor's Name & Phone # (if applicable): _____

- Provincial Health Card # _____

Precautions are taken to ensure the safety & health of your child, but in the event of an accident or sickness, FGT Family Church, its staff and volunteers are hereby released from any liability. In the event that your child requires any attention by medical professionals, the parents/guardians will be notified immediately. Likewise, the child's parent/guardian is responsible

for any damage to property that occurs as a result of their child and agrees to pick-up their child if their conduct is inappropriate.

_____ (Student's Name) has permission to attend
_____ (Activity Event) under the supervision of Rev.
Nathan Albrecht and his leaders on _____ (Date of Event).

Parent / Guardian Signature: _____

Date: _____

FOR MORE INFORMATION:

Pastor Nathan

519.322.2046 x222

nathan@fgtchurch.com

www.oneighty.ca