<u>HEALTH Info</u>, page 1
<u>PARENTAL/GUARDIAN PERMISSION FORM</u>, page 2
Print (double sided if possible). Fill in info. Sign and date.
Important: <mark>Send this form with your youth to the retreat!</mark>

Name of EVENT: _____

DATES of Event: _____

LOCATION of Event: _____

Participant's Name _____

Address _____ City/Town _____

Prov._____ Postal Code_____ Phone _____

Email _____

Home Church (if applicable) _____

Birth Date (Month/Day/Year)_____ Gender Identity _____

Health Insurance #_____ 9 Digit # (MB only) _____

Medical Information (Allergies, Dietary Needs, Etc.) _____

_____   _____

Current Medication: (if more space needed, write here, "see additional paper" and staple it on)
   Medication name: _____

   Dosage and frequency_____

   Self-Administered ☐   OR   Administered by an adult ☐

<u>EMERGENCY CONTACT</u> In case of an emergency, please contact:

NAME_____ RELATIONSHIP _____

PHONE _____

↪*please turn over*

MEDICATION PERMISSION

If necessary, my son/daughter may take: Tylenol_____Advil_____other: _____

Parent Initial

PERMISSION for EMERGENCY MEDICAL ATTENTION

I/We_____give permission for leaders or their designate to permit emergency treatment for _____ if it is deemed necessary. Efforts will be made to contact the parent/guardian before treatment is given.

Parent Initial

Field Trips and TRANSPORTATION TO/FROM/AT EVENT *(if applicable to the event)*
I give permission for my son/daughter to participate in outside field trips during the above event and ride in a vehicle, if necessary. Yes_____   No _____

If no, please explain restriction_____

Parent Initial

PRIVACY ACT INFORMATION
"The United Church of Canada is committed to protecting the privacy of personal information. Personal information is collected, used, maintained and disclosed in compliance with The United Church of Canada Privacy Policy and applicable federal and provincial privacy legislation including, but not limited to, The Personal Information Protection and Electronic Documents Act."

PHOTOGRAPHS

I give my permission for the photograph and/or video image of my son/daughter as taken by authorized persons, to be used as memory or promotional material in various United Church of Canada print and electronic resources including online community locations and the Conference website for the promotion of Youth Events in Prairie to Pine Region of the United Church of Canada. I understand his/her full name will not be used.

Parent Initial

With this signature, I indicate that I have read all the above statements and agree with them unless otherwise noted.

Parent/Guardian signature_____Date_____