

VCAC – Knight St. & Fraser Lands Churches

3330 Knight Street / 3330 S.E. Marine Drive – Vancouver, BC – V5N 3K8 / V5S 4R8 – (604) 874-7612 / 451-5449 – Fax: (604) 874-7603 / 451-5424

PERMISSION FORM FOR CHURCH-SPONSORED OUTINGS PARENTAL CONSENT & MEDICAL RELEASE

Dear Parents/Guardian of _____ (student's name)

- Our (check one) Sunday School Class (grade & teacher's name)
 ACT Fellowship (senior high school)
 Friday Knights (junior high school)
 Small Group (group leader & fellowship's name)
 Other (include sponsoring group & adult responsible name)

(names) _____

will be going on an outing at the following venue. I understand that responsible adults will be responsible for the care, transportation and, if need be, medical attention of (e.g. transport to hospital) my teenage daughter or son. I therefore give my permission for my son or daughter to attend this event.

Information for Outing

1. Date of Outing: _____ Time of Outing: (include start & end times) _____
2. Place of Outing: (include address & phone) _____
3. Transportation arrangements: (i.e. pick up teens, or will drive them home, etc.) _____

4. Description of Activity: _____

5. Contact Names & Phone Numbers of Adults (counselors, teachers, sponsors responsible): _____

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Teen Student Ministries – VCAC

I hereby give my permission for my son or daughter, _____ (name) to attend the event described as _____ above on the (date) _____, _____. I understand that this event will be supervised by responsible adults who will take reasonable precautions and care of my teenager. They will also be responsible for transportation unless other arrangements have been made in advance. In the event that my son or daughter may require immediate medical attention, I give my permission for the adults responsible to transport my teenager to a hospital or seek emergency medical help. I will be telephoned immediately if any situation arises that warrants my attention.

Signed: _____ Print Name: _____

Telephone Number & address at which I can be reached: _____