

# Parental Consent Form

## NO EXCUSES 2010 YOUTH CONFERENCE PARENTAL CONSENT OF ATTENDANCE

I give my child permission to travel unaccompanied by myself as the parent or Guardian; to and from the **No Excuses 2010 National Youth Conference of the Church of God Of Prophecy, East Canada Region held in Cornwall, Ontario held, May 21 – 23, 2010.** I agree not to hold the Local Youth Ministry at \_\_\_\_\_, the National Youth Ministries Department or The Nava Canada Training and Conference Centre or any of their employees responsible for any injuries or expenses resulting from any injury that my child may incur while engaged in this event.

I also confirm that my child has  does not have  any serious medical condition that the Conference Staff/Nurse should be aware of. I agree to inform the Local Youth Director of any change in my child's medical or physical condition which may develop after this document is signed. (Any Serious Medical Condition should be listed at the end of this form)

### LOCAL CHURCH NAME (PRINT)

\_\_\_\_\_

**ATTENDEE NAME (PRINT)** \_\_\_\_\_

**EMERGENCY CONTACT TELEPHONE #** \_\_\_\_\_

**ATTENDEE'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

This form must be returned by May 15, 2010, to the **Youth Director** at your son's/daughter's Local Youth Group, or handed in at the Conference Check in Desk.

Local Youth Directors are responsible for ensuring that these forms are handed out and returned to them by May 15<sup>th</sup> 2010. Local Youth leaders agree that they will be responsible for ensuring that **youth from their local church participates in all activities outlined by the Conference and that order and behaviour is contained in the night hours after the conference is closed for the day.** Youth Leaders must be over the age of 25 or form must be signed by Senior Pastor or representative.

\_\_\_\_\_  
Youth Leaders/Pastor Signature

\_\_\_\_\_  
Date

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### **SERIOUS MEDICAL CONDITION:**

My Child's medical condition is:

\_\_\_\_\_  
\_\_\_\_\_

If my Child experiences any illness from this condition, I give my consent to have them transported to the closest medical facility \_\_\_\_\_ (parents/Guardian Initials). Health Card # \_\_\_\_\_  
Medications used and in possession by my child are:

\_\_\_\_\_  
\_\_\_\_\_