



Parental Consent Form

YM EASTERN CANADA YOUTH RETREAT 2020

PARENTAL CONSENT OF ATTENDANCE

I give my child permission to travel unaccompanied by myself as the parent or Guardian; to and from the YM **EASTERN CANADA- YOUTH RETREAT 2020 held at Fair Havens Ministries, 2215 Ontario Hwy 48, Beaverton, Ontario L0K1A0.** I agree not to hold the Local Church/Youth Ministry at

(Local Church Name)

The National Youth Ministries Department or Fair Havens Ministries 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 does have does not have any serious medical condition that the Retreat 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 1, 2020, to the **Youth Director** at your son's/daughter's Local Youth Group. Local Youth Directors are responsible for ensuring that these forms are handed out and returned to them by May 1st, 2020. If the consent form is not received and signed, your child could be sent home.

Local Youth Leaders agree that they will be responsible for ensuring that **youth from their local church participates in all activities outlined by the Retreat and that order and behavior is contained in the night hours after the retreat 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

SERIOUS MEDICAL CONDITION:

My Child's medical condition is:

If my Child(ren) experiences any illness from this condition, I give my consent to have him/her transported to the closest medical facility _____ (parents/Guardian Initials). Health Card # _____

Medications used and in possession by my child are:

