

Anglican Diocese of Huron

Child and Youth Ministry – General Permission Form

All information will be confidential and used for the sole purpose of the Church doing ministry, filed/shredded after event

Activity Information			
Activity:			
Location:			
Date(s):			
Start time:		Pick-up time:	
Contact:			
Phone number:		e-mail:	

Section: Participant Information					
Name:					
Preferred first name:		Gender: (circle)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Birthdate:		Age:			
Address:			Postal Code:		
Phone 1:		Phone 2:		e-mail:	
Emergency Contacts: <i>TWO REQUIRED</i>	1. _____ 2. _____				
Relationship:	1. _____ 2. _____	Phone:	(home, work, and cell) 1. _____ 2. _____		

Medical Information <i>(attach note if necessary)</i>			
Health Card Number:	Please bring card with you		
	Yes	No	Details
Medical Conditions			
Allergies			
Medications			
Dietary Restrictions			
Physical, Cognitive, Behavioural or Emotional Concerns or Limitations			

Signature(s)	
As parent(s)/caregiver(s), I/we give permission for: to participate in this activity.	
_____ <i>Name</i>	
<i>Signature</i>	<i>Date</i>

Use of Image	
I give permission to the Anglican Diocese of Huron and its associated entities to use photographs or other forms of images of _____ a minor, in the materials published or distributed by or on behalf of the Diocese in the promotion of ministry to young people. Such permission to use any such images is unlimited and may include use in printed materials, presentations, press releases or diocesan church websites, but shall not include names or identifying information unless further and specific permission is obtained.	
<i>Signature</i>	<i>Date</i>