

## Parental Consent Form & Medical Release Form

*Bay Park Baptist Church 775 Progress Ave Kingston ON K7M 6C7 613.389.2920*

We would like to ask your child to participate with us in the following activity:

Group Name	Bay Park Student Ministries
Date of Activity	December 15th
Location of Activity	Progressive Dinner Travelling to Various Family Homes
Time	Drop off at Bay Park at 5:45pm Pick up at Bay Park at 9:30pm
Cost	n/a

Any questions contact Ryan Farrell: 613.389.2920 or [ryan.farrell@baypark.ca](mailto:ryan.farrell@baypark.ca)

Parent or guardian please print off this form and sign appropriate names below:

Signature of parent/guardian: \_\_\_\_\_  
Phone #: \_\_\_\_\_

I \_\_\_\_\_ (parent's name), give consent to \_\_\_\_\_ (student's name) to participate in this planned activity by the Student Ministries of Bay Park Baptist Church. I am aware that during this trip certain risks exist and dangers may occur, those at the place of the event as well as those related to the travel to and from the facilities. Based on this awareness, anyone active on behalf of the church, it's staff and volunteers, will be released from any liability for injuries to my child that may be occasioned on this activity. Additionally, in the event of an emergency where medical treatment is required I give my permission to a church staff member (Pastor of Student Ministries) or student ministry volunteer to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Emergency contact person: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Special needs (i.e.: allergies; asthma; diabetes; etc.): \_\_\_\_\_  
\_\_\_\_\_