

Student Ministries Off-Site Event Consent Form

Event Description: Beach Day

Date: Wed, July 14, 2010

Departure: 10:00 am

Return: 8:00 pm

Location: Cobourg Beach, Cobourg ON

Group contact: Rick Carrol 416-996-8229

Transportation: School Bus

Activities: Swimming, playing games on the beach

Foods being served: Students are responsible for providing their own food. Food can be brought or purchased at the beach.

Behaviour expectations: Remain in the area designated by leaders. Inform leaders when leaving the area for food or washroom breaks. Never go anywhere alone. Follow the rules of the beach and the leaders. Behave in a Christ-like manner.

--Remove above for your records -----

Last Name: _____ **First Name:** _____

This section is only for first-time participants, information updates or corrections. If you know your info is in our system, you do not need to fill out this section.

PARTICIPANT'S PERSONAL INFORMATION

Birth Date (dd/mm/yy): ___/___/___ Age: ___ Grade: ___ Male Female

Home Phone: _____ Student's Cell: _____

Full Address: _____

Student's Email: _____ Parent's Email: _____

Parent/Guardian Name(s): _____

MEDICAL INFORMATION

Health Card Number: _____ Version (last 2 letters): _____

Dietary Restrictions: _____

Allergies: _____

Does your student carry an Epi-pen? Yes No

Health Concerns/Existing Medical Conditions: _____

DURING THIS EVENT I MAY BE CONTACTED BY PHONE AT:

Home: _____ Cell: _____

Alternate Contact Name: _____ Phone: _____

PARENTAL CONSENT

I have read and understand the nature of the event and the included activities. I give permission for my child/youth to participate in PORTICO's Beach Day on Wednesday, July 14, 2010. I also give permission for the leadership of PORTICO to arrange for emergency medical attention, if deemed necessary.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date