

**Student Ministries Off-Site Event Consent Form**

**Student Ministries:** Middle and High School

**Event Description:** Pool Party @ The Sawh's House

**Date:** Wednesday, July 28, 2010

**Start:** 7:00 pm **End:** 9:00 pm

**Location:** 3249 Erin Centre Blvd, Mississauga ON

**Group contact:** Rick 416-996-8229

**Transportation:** Students are to go directly to the Sawh's house. Do not meet at the church.

**Activities:** Swimming

**Foods being served:** None

**Behaviour expectations:** Follow the rules of the leaders and the Sawh's. Respect the property. Act in a safe manner. 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 Pool Party on Wednesday, July 29, 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