

## INFORMED LETTER OF CONSENT – Prairie Rose Evangelical Mennonite Church

Student's Name: \_\_\_\_\_ Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Transportation: \_\_\_\_\_

Unless stated otherwise above, Ministry Leaders and Parents will use their personal vehicles to transport students.

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

### Permission Form and Consent:

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Parents' Cell Number \_\_\_\_\_

Manitoba Medical Numbers \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**In case of an emergency, contact** \_\_\_\_\_

I hereby consent to the participation of my/our child in these supervised activities.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Prairie Rose EMC. I/we understand and accept these risks and agree that by allowing my child to participate in these activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the Director or one of the Prairie Rose EMC's Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless Prairie Rose EMC, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Prairie Rose EMC, as well as of any medical treatment authorized by the supervising individuals representing the Prairie Rose EMC. This consent and authorization is effective only when participating in or traveling to events of the Prairie Rose EMC.

Parent / Guardian Printed Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_