



Event Consent Form

Event:

Date:

Drop Off Time/Location:

Pick up Time/Location:

I/We _____ (Parent/Guardian)

consent to allowing _____ (Child's Name) to attend this youth event:

- I/We give permission for my child to ride in any vehicle designated by the youth leaders, in whose care my child has been entrusted while participating in this activity, sponsored by PCCC.
- I/We consent to allowing my child to participate in activities such as playing games, eating, sitting around a campfire.
- I/We consent to medical treatment deemed necessary for my child, in consultation with medical personnel, in the event that I cannot be contacted in an emergency.
- I/We will indemnify and save harmless the church and event hosts from any and all cost or injuries, either material or personal, related to this event.

Allergies: _____

Family Doctor: _____ Dr.'s Phone # _____

BC Medical Care Card # _____

Emergency Contact #1:

name: _____ phone # _____

Contact #2:

name: _____ phone # _____

Parent/Guardian signature _____