



LETTER OF INFORMED CONSENT

To be used for all off-site trips and activities of increased risk.

Student's Last Name: _____ First Name _____

Activity: _____

Date of Activity: _____

Details of the Activity

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 Last Name _____ First Name _____

Date of Birth (d/m/y) _____

Address _____

Phone Number _____

Parent/Guardian Last Name _____ First Name _____

Phone Number (H) _____ (W) _____ (C) _____

Family Doctor _____ Phone Number _____

In case of an emergency, contact:

Last Name _____ First Name _____

Relationship _____

Phone Number

(H) _____ (W) _____ (C) _____

Purposes and Extent

Information received is confidential and is being gathered for the purposes of serving your child while in the care of EastRidge Evangelical Missionary Church. Any medical information collected here serves to authorize EastRidge Evangelical Missionary Church, and its staff and volunteers, to obtain medical assistance in emergencies.

EastRidge Evangelical Missionary Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish EastRidge Evangelical Missionary Church to limit the information collected, or to view your child's information, please contact us.

Covid-19 Update

All programming will be offered with strict adherence to the public health guidelines in place at the time of the event.

Activities

Activities of EastRidge Church will have programming that may include physical activities where there is an elevated risk of injuries, bruises and accidents, however the protection and safety of the children are our primary concern, and we have trained and screened volunteers and staff to minimize the risk and oversee the program. At EastRidge, we encourage and promote a nut-free environment. The snacks we serve will be nut-free. Parents are discouraged from sending products that contain nuts/peanuts and nut oils to the program. As much as we take great precaution, we cannot guarantee a nut-free environment. We would ask parents to communicate any concerns with us prior to and during our events.

Waiver & Release

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

In the event of an emergency and that no one can be contacted, I/we, the parents or guardians named above, authorize a Pastor or one of the EastRidge Evangelical Missionary Church Ministry Staff 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 above, undertake and agree to indemnify and hold blameless the Ministry Staff of EastRidge Evangelical Missionary Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant because of being part of the activities of the EastRidge Evangelical Missionary Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in events of the EastRidge Evangelical Missionary Church, which include associated programs through partnerships vetted by EastRidge.

I/we, named on this registration give EastRidge Evangelical Missionary Church permission to use photographs or videos of any member of my family to use and publish the photographs or videos in print or electronically for any lawful purpose to highlight and promote Eastridge activities. This undertaking includes the right to modify and retouch the images at the discretion of EastRidge Church.

This consent and authorization is effective only when participating in or travelling to the events of EastRidge Church. I hereby give permission and consent for my child(ren) to be transported for kids/youth activities on behalf of EastRidge Church by the individuals deemed eligible by EastRidge Church including by car or bus/van-for-hire.

I have read, understood and agree with above.

Activity: _____

Parent/Guardian Signature _____

Printed Last Name _____ First Name _____

Date (d/m/y) _____