



SunRidge Community Church - Student Ministries

Parent/Guardian Consent Form for Field Trip & Special Events

When we plan an event for your youth, not only do we want to plan a fun, exciting event, but we hold the health and safety of the participants as our primary concern. Part of that is to ensure that you know what your son/daughter is doing, and if in the unlikely even we need to contact you in an emergency, we have that information at our finger tips. If your youth would like to be able to participate in any of our activities off the SunRidge Community Church campus, we require that you fill out the information, sign this consent form and return it to us with your youth.

EVENT INFORMATION

The event/activity is: Guys Night

To be held from: August 12th 7pm - August 13th 10am

At this location: SunRidge Community Church (The Portable)

Leader's name: Kyle Dyck

Description: Prepare for a night of awesome! We will be hanging out Friday night for an evening of games, discussion, snacks and video games. All you need to bring is a sleeping bag, foamy, any toiletries you will need and a snack to share (please no nuts).

PARTICIPANT INFORMATION

Student Name: _____ MALE / FEMALE Age: _____

Address: _____

Please list any medications, health concerns or allergies relevant to this event: _____

This section applies for underage participants who are less than sixteen (16) years of age.

In return for permission to attend the above event, the undersigned acknowledges and warrants that:

a) My son/daughter requires special arrangements to safely participate in the event under normal adult supervision. Yes No If you answered yes, specify the special arrangements required:

b) If your son/daughter requires medical treatment, your signature (below) on this consent form gives the event leaders authority to take initial steps to secure medical advice and services. In that event, you, or the person you designate on the form, will be contacted as soon as possible.

Signature of Parent/ Guardian

Date

STUDENT EMERGENCY CONTACT INFORMATION:

Name: (print) _____ Relationship to participant: _____

Address: _____

Phone: Day: _____ Night: _____ Cell: _____

Email: _____

If, in an emergency, you cannot be reached, the following person is hereby authorized to act on your behalf and has been notified that he/she has been granted this authority and may be contacted by **SunRidge Community Church Student Ministries**.

Return this signed form to:

Kyle Dyck - Youth Leader
kyle@sunridge.org