



Letter of Informed Consent

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

Participant's Name(s): _____

Activity: _____

Date of Activity: _____

Details of the Activity: *(include location, time, sleeping arrangement, mode of transportation, driver, activities upon arrival, ratios of Child/Youth to staff, explanation of any and all risk which the students will be participating in i.e. rock climbing/bungee jumping/white water canoeing/water skiing)*

Special Information: *(recommended clothing, such as a hat; required supplies, like sunscreen, bag lunch, etc.)*

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. Please note that all physical activities have risks. The safety of your Child is our primary concern. Precautions will be taken for their wellbeing and protection.

The risks associated with the activity include but are not limited to: *(list risks associated with these activities)*

Permission Form and Consent:

Participant's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

I voluntarily agree and consent to the participation of my/our Child(ren) in this supervised activity.

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 MBBC. I/we understand that I am exposing my Child to inherent risks and hazards. I accept all these risks and hazards and agree that by allowing my Child to participate in those activities and acknowledge that I will be responsible for any injury or other loss which may occur during my Child's participation of these activities.

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I/we, the Parents or guardians named below, authorize the Pastor or one of MBBC Personnel to sign 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 MBBC, its Personnel, its leaders and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of MBBC, as well as of any medical treatment authorized by the supervising individuals representing MBBC. This consent and authorization is effective only when participating in or traveling to events of MBBC.

I have read, understood and agree with above.

Activity: _____

Parent / Guardian Signature _____

Printed Name _____ Date _____

Witness Signature _____

Witness Printed Name _____