



kolby milton

YOUTH DIRECTOR

PHONE

w. 604.582.0282

EMAIL

kolby@parkland.org

WEB

focusyouth.ca

Permission Form

As a parent/legal guardian of _____, I have reviewed the information about the youth all nighter event, and give permission for the subject of this release to be involved in the overall activities. I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/we understand all reasonable safety precautions will be taken at all times by focus youth and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We agree not to hold parkland church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please print):

Student name:

Parent/ Guardian Signature:

Date:

Address/City/ Zip:

Work Phone:

Home Phone:

Card Card #:

Please list on the back of this Release Statement any allergies and/or medical conditions the subject of this release might have.