



West End Christian Reformed Church

10015 - 149 Street, Edmonton, AB T5P 4Y4
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Medical Information/Release Form & Permission Sheet

In the event of illness or injury to any of the names listed below, while under the supervision of the youth ministry leaders, I know that I will be contacted for permission and direction regarding any emergency treatment. If I cannot be contacted, I hereby appoint the youth ministry leaders as our true and lawful attorney-in-fact for us, and in our name, power and stead, give said attorney-in-fact full power in consent to any necessary emergency transportation, examination, x-rays, anesthetic, medical or surgical diagnosis, treatment or hospital care to be rendered to any of the names listed below, on the advice of any physician or surgeon licensed to practice in the jurisdiction in which any of the names listed below, is/are located.

This power is in effect between September 1, 2018 and August 30, 2019.

I give permission to any of the names listed below, to attend West End Christian Reformed Church youth ministry events in the 2018-19 season.

Youth's Name: _____	Birthdate _____	HealthCare #: _____
Youth's Name: _____	Birthdate _____	HealthCare #: _____
Youth's Name: _____	Birthdate _____	HealthCare #: _____
Youth's Name: _____	Birthdate _____	HealthCare #: _____
Youth's Name: _____	Birthdate _____	HealthCare #: _____

Mother/Guardian's Signature

Father/Guardian's Signature

Home Phone Number

Home Phone Number

Work Phone Number

Work Phone Number

Contact Person when parent/guardian cannot be reached:

Name (please print)

Phone Number(s)

Family Physician:

Name (please print)

Phone Number

Do any of the youth listed above have any allergies or medical problems we should be aware of? - please specify:

Name: _____

Name: _____

Name: _____