

# Logos Baptist Church Milliken – Philia Fellowship

## PARENTAL CONSENT FORM

**EVENT:** Philia Fellowship Food Bank Night  
Philia Fellowship will be participating in a Food Bank Night. We will meet at Church and then walk to No Frills to purchase food for the Food Bank. Please bring \$5 or more to get food for the Food Bank. For more details, please talk to Rev. George Mah or Pastor Mike Wong (647-231-7012).

**DATE(S):** SATURDAY, NOVEMBER 24, 2018, 1930 – 2130

**Location:** Michael's No Frills, 681 Silver Star Blvd. Scarborough, Ontario, M1V 5N1

To Whom It May Concern:

The undersigned does hereby give permission for my (our) child, \_\_\_\_\_, hereafter the participant, to attend and participate in the event listed above. (child's name)

I (We), the undersigned, authorize an adult, in whose care the participant has been entrusted, to consent of any emergency X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the participant, under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned participant pursuant to this authorization. Should it be necessary for the participant to return home due to medical reason or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for the participant to ride in any vehicle designated by the adult in whose care the participant has been entrusted while attending and participating in the event above organized by Logos Baptist Church Milliken.

\_\_\_\_\_  
**Parent Signature**

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### PARTICIPANT INFORMATION:

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Health Card: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

### PARENTAL INFORMATION:

Print Name: \_\_\_\_\_

Relationship (circle one): Father/Mother/Legal Guardian

Contact Number: (        ) \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship (circle one): Father/Mother/Legal Guardian

Contact Number: (        ) \_\_\_\_\_

### EMERGENCY CONTACT: *(not parent or legal guardian)*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

### ALLERGIES or MEDICAL CONCERNS:

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