



Sunday School Permission Form 2023/2024
Mount Olive Lutheran Church
 2350 148 St, Surrey, BC V4A 4M7

604-536-8527 email:admin@mountolivelutheran.ca

Child's Name:			
Age:		Birth Date:	
Address:			
Postal Code:		Last Grade Completed	
Mother's Name:		Telephone No:	Home: Cell:
		E-mail:	
Father's Name:		Telephone No.:	Home: Cell:
		Email:	
Does your child have any physical, emotional, cognitive, or behavioural concerns or limitations?			

Photo/ Video Permission:

Mount Olive Lutheran Church recognises the need to ensure the welfare and safety of all young people taking part in any activity associated with our organization.

I CONSENT TO/ DO NOT CONSENT for photograph/ film the of the minor designated above in any manner or form for lawful purpose associated with this program to use for:

A record of the activity or the event, publicity material for further activities or events on leaflets/ websites/ magazines & or illustrations of the activities or events in published articles.

Signature (Relationship to child)

Date

Sunday School Medical Permission Form 2023 - 2024

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Child's Name: _____ E-mail: _____

Address: _____ Postal Code: _____

Telephone No.: _____ Birth Date: _____

BC Care Card No: _____

Physician's Name: _____ Telephone No.: _____

Does your child have any severe or life-threatening allergies? (ie. peanuts, bee stings, penicillin, etc):

Does your child have any physical, emotional, cognitive, or behavioural concerns or limitations?

Does your child have any medical conditions of which we should be aware?

In the event of accident, sickness, or other medical emergency, I hereby authorize Mount Olive Lutheran Church to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly, and that parent or guardians will be notified at the earliest opportunity.

In the event of accident, sickness or other medical emergency, Mount Olive Lutheran Church, its pastors, staff, and volunteers are hereby released from any liability.

Name Date