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Authorization Form

Freedom of Publication

I hereby authorize supervision to the adults at Evangel and consent to any medical attention required and to any special emergency arrangements necessary. I will assume all responsibility for any costs that may arise in these circumstances. I also give Evangel my permission to use my child's name, photos and comments in the children's ministry publications

Date: _____

Parent/Gaurdian Signature: _____

Medical Information

Alberta Health Care Number:

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Allergies: _____

Medication: yes / no

If yes, please explain: _____

Optional Emergency Contact

Name: _____

Phone : (____) _____

The King's Mission

March 23 - 24 Grades 1 - 6

