



## WANT TO STAY CONNECTED?

We want you to stay connected!

Join our Facebook page [Kids Outdoor Zone - South Abbotsford Church](#) for great photos and awesome info! Make sure you are getting our weekly update email that comes out every Tuesday for all the fun happenings!

## EMERGENCY CONTACT

Name of contact not residing with you:		Primary Phone #:
Address:		Relationship:
City:	Province:	Postal Code:

## MEDICAL INFORMATION

Family Doctor:	Phone #:
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## PHOTOGRAPHIC PERMISSION:

*(Please be aware that by permitting photographs, it is an incredible help to our team in terms of sharing and reporting after events)*

I hereby grant permission to the leaders of KOZ and South Abbotsford Mennonite Brethren Church to photograph and/or video record my child for program and general church use including, but not limited to, highlight videos, photo directories and website galleries.

YES: [ ] NO: [ ] PARENT INITIALS: \_\_\_\_\_ PARTICIPANT INITIALS: \_\_\_\_\_

## MEDICAL INTERVENTION PERMISSION:

I hereby grant permission to the leaders of KOZ and South Abbotsford Mennonite Brethren Church to administer medications, including epinephrine (i.e. EpiPen), and/or provide other first-aid as their training and/or general knowledge allows.

YES: [ ] NO: [ ] PARENT INITIALS: \_\_\_\_\_ PARTICIPANT INITIALS: \_\_\_\_\_

Please be sure to list all known allergies including allergies to medicines in the space provided above for each child.

## SOCIAL MEDIA PERMISSION:

*(Please be aware that we will only use a participant's first initial &/or KOZ nickname when posting – no actual names will be posted. This gives us an opportunity to share the positive experiences and impact that KOZ is having in boys' lives.*

I hereby grant permission to the leaders of KOZ and South Abbotsford Mennonite Brethren Church ("SAC") to post photos and stories that include my child/me for the express purposes of highlighting KOZ and SAC programs and activities on various social media sites.

YES: [ ] NO: [ ] PARENT INITIALS: \_\_\_\_\_ PARTICIPANT INITIALS: \_\_\_\_\_

This signature will be valid for **ALL** Church facilitated, sponsored, and organized events related to Kids Outdoor Zone from Feb 1, 2022 until Feb 1, 2024.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date