



Ukrainian Catholic Eparchy of Saskatoon
Українська Католицька Єпархія Саскатуну

214 Avenue M South Saskatoon, SK S7M 2K4 Canada
 Office: (306) 653-0138 ext. 221 or 222 Fax: (306) 665-2569
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APPENDIX E
PARENTAL CONSENT FORM
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Any off-site or overnight events with children or youth requires a parental consent form. This form is to be **accompanied by:**

- **a copy of the Covenant of Care Reference Sheet** (Appendix F) for the information of the parent(s), and
- written communication outlining the details of the event, including the planned activities, duration, location, method of transportation, sleeping arrangements, participants, supervision, and contact information for the leader(s) at all times during the event.

Filled out, this form is confidential, and will be used only by event leaders.

Full Name of Child/Youth:			
Contact Information	Street Address	City/Province	Postal Code
	Phone Number(s)		
Medical Information (Please append additional pages if needed.)	Health #	Family Doctor	Phone
	Allergies		
	Illnesses		
	Medications		
	Dietary Restrictions		
Full Name(s) of Parent(s)/Guardian(s):			
Contact Information Parent/Guardian 1 (if different from above)	Street Address	City/Province	Postal Code
	Email	Home Phone	Cell/Work
Contact Information Parent/Guardian 2 (if different from above)	Street Address	City/Province	Postal Code
	Email	Home Phone	Cell/Work
In the event that I/we are unavailable, I/we designate the following alternate contact(s) to speak for me/us:			
Full Name(s):			
Contact Information	Street Address	City/Province	Postal Code
	Email	Home Phone	Cell/Work
Relationship to Child:			

The Eparchy of Saskatoon requires all employees and volunteers to abide by the enclosed *Eparchial Covenant of Care*. We acknowledge and affirm that the parents are the primary educators of their children and encourage parents to educate their children according to their age and maturity about the *Eparchial Covenant of Care* that their leaders will be following. **(Please complete page 2...)**



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Parish/Organization	
Event/Activity	

I/we grant permission for _____ (name) to participate in the above event/activity and take responsibility for arranging for transportation to and from the event/activity.

In signing below, I/we hereby acknowledge that sufficient information has been provided by the event coordinators with respect to the planned activities, duration, location, method of transportation, sleeping arrangements, participants and supervision. I understand that I am welcome to attend or drop in at any time during the event/activity.

I/we understand that parents/guardians of all children and youth are responsible for transportation to and from events, unless shared transportation details have been provided. Youth with licenses will drive themselves/others only with my/our approval. No employee or volunteer working within or on behalf of the Eparchy of Saskatoon will ever ask or give consent for a youth with a driver's license to drive another child or youth.

I/we have provided the following medications and give consent for them to be dispensed at the request/need of my/our child:

In the event that I/we are unavailable, I/we do hereby give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness during the above-named event/activity. This emergency medical care may be given under whatever conditions are deemed necessary, so as to preserve and protect life, limb, health and well-being of my child.

I/we assume all risks and hazards incidental or in any way related to my child's participation in the above named event/activity, and in each phase of it.

Name of Parent/Guardian (Printed) Signature of Parent/Guardian Date (day/month/year)

If a second signature is required by a joint-custody or other legal agreement, please fill out below:

Name of Parent/Guardian (Printed) Signature of Parent/Guardian Date (day/month/year)