#### CHILDREN IN THE CARE OF THE MEETING

**Toronto Monthly Meeting Religious Society of Friends**

**60 Lowther Avenue, Toronto**

Please provide a copy of these forms for each minor child (under 18).

Complete the cover page, plus other pages as required.

**Parent:**

Parent's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers:

Day: Evening: Cell:

Email:

**Child:**

Child's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from parent): \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### CHILD’S MEDICAL INFORMATION FORM

**Toronto Monthly Meeting Religious Society of Friends**

**60 Lowther Avenue, Toronto**

(to be used only in case of an emergency):

Child's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician (name and telephone number):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies and medical conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that under any emergencies such as required medical treatment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (TMM or Sponsoring Adult) is

empowered to make decisions in my place and sign any documents that are necessary.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### PARENTAL RELEASE FORM

**Toronto Monthly Meeting Religious Society of Friends**

**60 Lowther Avenue, Toronto**

Child's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE**

BETWEEN TORONTO MONTHLY MEETING AND

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of parent or legal guardian of minor child).

I, the undersigned, both during and following the term of this agreement, undertake to release, indemnify and save harmless Toronto Monthly Meeting, its directors, employees, and volunteers, from and against any and all loss, cost, damages, expense, and liability (statutory and common law) in connection with the injury or death or other damages sustained by my minor child, which may arise out of his/her use of the Toronto Monthly Meeting property, unless it is caused by the intentional act of Toronto Monthly Meeting, its directors, officers, employees, or volunteers.

I assume full responsibility for the conduct of my minor child and for his/her safety.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Parental Consent FORM

**Toronto Monthly Meeting Religious Society of Friends**

**60 Lowther Avenue, Toronto**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent's or legal guardian’s name)

give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child's name)

to be accompanied by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Sponsoring adult (s))

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also give permission for my child to be transported by private car \_\_\_ or taxi \_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### INTERPRETER’S DECLARATION

**Toronto Monthly Meeting Religious Society of Friends**

**60 Lowther Avenue, Toronto**

Complete if appropriate:

**INTERPRETER’S DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HEREBY CERTIFY THAT I AM FLUENT IN THE ENGLISH AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LANGUAGES, AND HAVE INTERPRETED THE COMPLETE CONTENTS OF THESE PAGES ORALLY TO  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, FROM THE ENGLISH TO THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LANGUAGE.  S/HE HAS SWORN TO ME THAT S/HE FULLY UNDERSTANDS THE CONTENTS OF THESE PAGES AS INTERPRETED.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                       SIGNATURE

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