

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
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(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: _____

PARENTAL RELEASE FORM

Toronto Monthly Meeting Religious Society of Friends
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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

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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: _____

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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