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## Youth & Children's Ministries – Activity Permission Form

I, (print name) \_\_\_\_\_ hereby request that my son/daughter  
(print name) \_\_\_\_\_ be allowed to be part of the following  
Maranatha Church activity: \_\_\_\_\_

on (date of event) \_\_\_\_\_, beginning at \_\_\_\_\_ and ending at \_\_\_\_\_.

I understand that he/she will be required to comply with church regulations at all times, and that he/she will be under adult supervision throughout the activity.

The adult supervisors should be made aware that the following medical concerns may affect my son/daughter or become an issue during this activity: \_\_\_\_\_

My child will need to take medication during the period of this activity.  Yes  No  
(Please note that medications must be given to a leader for safe-keeping and administration.)

In an emergency, please contact \_\_\_\_\_ at (print phone #) \_\_\_\_\_.  
My child's B.C. Care Card number is: \_\_\_\_\_.

Special needs or instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Signature of Parent: \_\_\_\_\_

Signature of Child/Youth: \_\_\_\_\_

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