Children's Activity Consent Form

First & Last Name of Child :		
First & Last Name of par	rent(s)/guardian(s) :	
Full Address :		
Parent's Primary Phone	#: Se	condary Phone # :
Additional Emergency C	ontact : Name & #:	
Is child authorize to wall	to and from NVT on their own?	Yes No
Other Person(s) authoriz	ed to pick up child?	
Medical Information Is there any medical or r	mental condition we need to be r	nade aware of? Yes : No :
Does your child have an	y allergies, physical handicap or	illness that would prevent him or her from
participating in normal r	igorous activity? Yes :	No :
If yes, please explain		
		and hereby consent to their participation (initial all that apply)
(a) Tutoring	(b) Community Garden	(c) Sunday Services
(d) Youth services	(e) Other	
I understand I will be no reached, I hereby author emergency. I assume all and hereby waive, release sustained in the normal during events and I author that the rules and affirm.	tified in the case of any medical crized NVT workers to seek medical of the light in the case of any medical of the light in the case of the light in the case of the light in	ing in the designated activities above. emergency. However, if I cannot be cal treatment for my child in the case of an emedical treatment or injury sustained th and its volunteers for any injuries aderstand that photographs may be taken as for church media. Finally, I understand said each week and if my child does not may return the following week.
Signature of Parent or G		

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Rules:

- 1. I will keep all body parts to myself.
- 2. I will only use kind words.
- 3. I will respect all tutors and students.

*Consequences for breaking rules more than 3x a session: Student will be sent home.

**Masks are required, except during snack time

Affirmations:

- 1." I am intelligent!"
- 2. "I am kind!"
- 3. "I can do all things through Christ, who strengthens me!"