

Waiver & Medical Release Form Field Trips and Special Events

Activity: _____ Date: _____

Chaperones: _____

Name of Child: _____ Age: _____

Address: _____ Postal Code: _____

Phone: _____ School: _____

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs) YES _____ NO _____

If yes, please explain: _____

Does your child have any life-threatening allergies? YES _____ NO _____

If yes, please explain: _____

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin) YES _____ NO _____

If Yes, please explain: _____

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? YES _____ NO _____

If Yes, please explain: _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Fellowship Baptist Church, its staff, and its volunteers are hereby released from any liability,

In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately,

In case of surgical emergency, I hereby give permissions to the attending physician to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child as named above, -

Your child must be covered by Provincial Health Insurance or equivalent medical insurance:

Provincial Health Insurance Number: _____

Name of Family Physician: _____

Physician's Phone Number: _____

Parent/Guardian's Signature: _____ Date: _____

Cobourg Fellowship Baptist Church

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