

# Waiver & Medical Release Form Overnight 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: \_\_\_\_\_

Circle any that apply, if your child currently, or within the last three months, has had any of the following:

Appendicitis	Ear Infection	Hay Fever	Mumps
Asthma	Epilepsy	Hepatitis	Severe Stomach Ache
Bedwetting	Diabetes	Measles (Red)	Sinusitis
Chicken Pox	Fainting	Measles (German)	Tonsillitis
			Other: _____

Date of last Tetanus shot: \_\_\_\_\_

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: \_\_\_\_\_