

APPENDIX G – WAIVER & MEDICAL RELEASE FORM: FIELD TRIPS & SPECIAL EVENTS

Activity: _____ Date: _____

Chaperones: _____

Name of Child: _____ Age: _____

Address: _____

Phone: _____ School: _____

Does your child have any severe allergies? (bee stings, food, penicillin, other medications, etc.)

YES _____ NO _____ If yes, explain: _____

Does your child have any life-threatening allergies?

YES _____ NO _____ If yes, explain: _____

Is your child bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin, etc.)

YES _____ NO _____ If yes, explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?

YES _____ NO _____ If yes, explain: _____

Precautions are taken for the safety of your child, but in the event of accident or sickness, Bethel 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.

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

Provincial Health Insurance Number: _____

Name of Family Physician: _____ Physician's Phone: _____

Parent/Guardian's Signature:

Date:
