

**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:**

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