

WAIVER & MEDICAL RELEASE FORM

Field Trips and Special Events

Activity: _____ Date: _____

Chaperones: _____

Name of Child: _____ Age: _____

Address: _____ PC: _____

Phone: _____ School: _____

Does your child have any severe or life threatening allergies? (bee stings, food, penicillin, other drugs)
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:

Name: _____ Dosage: _____ Time: _____

Does your child have any physical, emotional, mental or behavioral 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, *Christian Life Assembly*, 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 and Code: _____

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

Parent/Guardian's Signature:

Date:

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