

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)	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 along? (antibiotics, ventilator, Ritalin)	YES _____ NO _____
If yes, please 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, please explain: _____	

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

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

Date of last Tetanus shot: _____

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: _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *Pathway Community and Rosebank Brethren in Christ Churches*, 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 permission to the physician selected by the church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian's Signature: _____

Date: _____