

WAIVER & MEDICAL RELEASE FORM FOR MEDICATION – Epipen and Inhaler

Child/Youth's Name: _____ Age: _____

Address/Postal Code: _____

Phone: _____ School: _____

What type of condition does your child/youth have to require medication? Please explain:

What type of medication is required?

Does this type of medication need to be administered by an adult or can it be administered by the child/youth?

Adult _____ Child/Youth _____

Does a parent need to be contacted to administer the type of medication? YES _____ NO _____

If yes please provide name and phone number of parent to be contacted:

Name: _____ Home Phone: _____

Cell Phone: _____ Work Number: _____

If a leader can administer please fill out the information below:

I have trained _____ to administer _____ on my behalf.

Does your child/youth have any physical, emotional, mental or behavioural 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/youth, but in the event of accident or sickness, The United Brethren Church in Canada, *Grace U.B. Church*, its staff, and its volunteers are hereby released from any liability. In the event that your child/youth requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Your child/youth 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:

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