

WAIVER & MEDICAL RELEASE FORM

Overnight Events

Activity: _____ Date: _____

Approved Volunteers: _____

Name of Child/Youth _____ Age _____

Address _____ PC _____

Name of Parent _____ Phone No. _____

Does your child/youth have any severe allergies? (bee stings, food, penicillin, other drugs) YES _____ NO _____

If yes, please explain: _____

Does your child/youth have any life-threatening allergies? YES _____ NO _____

Does your child/youth carry an Epipen? YES _____ NO _____

If yes, please explain: _____

Is your child/youth bringing any medication with him or her? YES _____ NO _____

If Yes, please explain: _____

Medication must be in the original container and must be left in the possession of the event leaders.

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: _____

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

Appendicitis	Ear Infection	Hay Fever	Mumps
Asthma	Hepatitis	Severe Stomach Ache	Tonsillitis
Epilepsy	Diabetes	Measles (Red)	Sinusitis
Bed wetting	Fainting	Measles (German)	Other
Chicken Pox			

Date of last Tetanus shot: _____

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.

In case of surgical emergency, I hereby give permissions to the physician selected by *Grace U.B. Church* to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child/youth as named above.

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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