

Appendix D
WAIVER & MEDICAL RELEASE FORM
Overnight Events

Activity: _____ Date: _____

Chaperones: _____

Name of Child/Youth: _____ Age: _____

Address: _____

Phone: _____ School: _____

Does your child/youth have any severe allergies? (bee stings, food, penicillin, other drugs)

YES _____ NO _____ If yes, explain:

Does your child/youth have any life-threatening allergies?

YES _____ NO _____ If yes, explain:

Is your child/youth bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin)

YES _____ NO _____ If yes, explain:

Does your child/youth have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?

YES _____ NO _____ If yes, explain:

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

Appendicitis	Ear infection	Hay Fever	Mumps	
Asthma	Epilepsy		Hepatitis	Severe
Stomach Ache				
Bedwetting	Diabetes	Measles (Red)		Sinusitis
Chicken Pox	Fainting	Measles (German)		Tonsillitis

Other _____

Date of last Tetanus Shot: _____

Precautions are taken for the safety of your child/youth, but in the event of accident or sickness, Rothesay Baptist Church & Valley Christian Academy, 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 permission to the physician selected by Rothesay Baptist Church & Valley Christian Academy to hospitalize, secure proper treatment for, and to order injection, anesthesia 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: _____

Parent/Guardian's Signature:

Date:
