

Appendix C
WAIVER & MEDICAL RELEASE FORM

Field Trips and Special 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: _____

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.

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:
