

WAIVER & MEDICAL RELEASE FORM

Field Trips and Special Events

Activity: _____ Date: _____

Chaperones: _____

Name of Child: _____ Age: _____

Address: _____ PC: _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____ Relationship to child: _____

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

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 with him or her? (Antibiotics, ventilator, Ritalin)

YES _____ NO _____

If yes, please explain:

Does your child 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, but in the event of accident or sickness, Glad Tidings Assembly, 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.

Provincial Health Insurance or equivalent medical insurance must cover your child.

Health Card Number: _____

Family Physician: _____ Phone Number: _____

Parent/Guardian's Signature:

Date:

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