

# WAIVER & MEDICAL RELEASE FORM

## Overnight Events

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents' Email (optional): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

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 behavioral concerns or limitations that our staff should be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

**Check if your child 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

Tonsillitis

Bedwetting

Diabetes

Measles (Red)

Sinusitis

Chicken Pox

Fainting

Measles (German)

Other

Date of last Tetanus shot: \_\_\_\_\_

*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.*

*In case of surgical emergency, I hereby give permissions to the physician selected by Glad Tidings Assembly to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.*

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

Health Card Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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