

WAIVER & MEDICAL RELEASE FORM

Field Trips and Special Events

Activity: _____ Date: _____

Chaperones: _____

Name of Child: _____ Age: _____

Address: _____ PC: _____

Phone: _____ School: _____

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 _____

Does your child carry an EpiPen or Inhaler? YES _____ NO _____

If yes, please explain: _____

Note: Appendix 4b should be completed in addition to this form.

Is your child 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 have any physical, emotional, mental or behavioral 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, *BEMC*, 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.

Your child 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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