

REGISTRATION, WAIVERS & MEDICAL RELEASE FORM

Youth Field Trips and Special Events

The youth program at Breslau Evangelical Missionary Church is a ministry for students in grade 6-12. It involves Bible studies and social events as well as occasional regional events. All of our youth leaders are approved by the Church Leadership board and follow the Protection Plan adopted by the Deacon's board. It is our desire to minister to the youth of our community in a fun, safe, and meaningful manner. The information on this form will be kept on file and used for all field trips & special events in the current school year and following summer. However, each time we have an overnight trip, we will ask you to fill out a separate form for the specific trip.

General Information

Youth's Name: _____ Birth Date: _____

Address: _____ Postal Code: _____

Phone: () _____ School: _____

Parents/Guardian: _____

Parent's Email: _____

Youth's Email: _____

Emergency Contact: _____ Phone: () _____

Emergency Contact: _____ Phone: () _____

Provincial Health Insurance Number: _____

Name of Family Doctor: _____ Dr's Phone Number: _____

Medical

Your child must be covered by Provincial Health Insurance or equivalent medical insurance. 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.

Does your child have any severe or life-threatening allergies? (Bee stings, food, penicillin, other drugs) Yes No

If yes, please explain: _____

Does your child carry an Epipen or Inhaler? Yes No If yes, please complete **Appendix 4b Epipen and Inhaler**

Does your child have any physical, emotional, mental or behavioral concerns or limitations that we should be aware of?

Yes No If yes, please explain: _____

Waivers

I give my permission to BEMC to keep the information above in records for the use of the BEMC Children's and Youth ministries. Yes No

I give my permission to BEMC to use my child's name and/or photo on material posted within the church. Yes No

I give my permission to BEMC to use my child's name and/or photo on material posted on the church website. Yes No

Parent/Guardian's Signature:

Date:

WAIVER & MEDICAL RELEASE FORM FOR MEDICATION – Epipen and Inhaler

Youth's Name: _____ Birth Date: _____

Address: _____ Postal Code: _____

Phone: (____) _____ School: _____

Provincial Health Insurance Number: _____

Name of Family Doctor: _____ Dr's Phone Number: (____) _____

What type of condition does your child/youth have to require medication? Please explain:

What type of medication is required?

Does this type of medication need to be administered by an adult or can it be administered by the child/youth?

Adult _____ Child/Youth _____

Does a parent need to be contacted to administer the type of medication. Yes No

If yes please provide name and phone number of parent to be contacted:

Name: _____ Home Phone: _____

Cell Phone: _____ Work Number: _____

If a leader can administer please fill out the information below:

I have trained _____ to administer _____ on my behalf.

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, please explain: _____

Precautions are taken for the safety and health of your child/youth, 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/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.

Parent/Guardian's Signature:

Date:

WAIVER & MEDICAL RELEASE FORM

Overnight Events

Activity _____ Date: _____

Approved Volunteers: _____

Youth's Name: _____ Birth Date: _____

Address: _____ Postal Code: _____

Phone: () _____ School: _____

Parents/Guardian: _____

Provincial Health Insurance Number: _____

Name of Family Doctor: _____ Dr's Phone Number: () _____

Does your child/youth have any severe or life-threatening allergies? (Bee stings, food, penicillin, other drugs)

Yes No

If yes, please explain: _____

Does your child/youth carry an Epipen or Inhaler? Yes No If yes, please complete **Appendix 4b Epipen and Inhaler**

Is your child/youth 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/youth 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/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 and health of your child/youth, 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/youth 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 *BEMC* 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.

Parent/Guardian's Signature:

Date:
