# WAIVER, MEDICAL RELEASE, and CONSENT FORM

Activity: Serve at Home Date: 08/16/2021 to 08/19/2021

Chaperones: Bart Eisen and Other Youth Leaders

Name of Child:_____ Date of Birth: _____

Address: _____Pc: _____

Student's Cell:_____ Parent's Work/ Cell:_____

Does you child have any severe allergies? (bee stings, food, penicillin, other drugs) YES_ _____NO _____
If yes, please explain: _____

Does you 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 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 | ___Tonsillitis |
| ___Asthma | ___Epilepsy | ___Hepatitis | ___Severe Stomach Ache | COVID 19 |
| ___Bedwetting | ___Diabetes | ___Measles (Red) | ___Sinusitis | |
| ___Chicken Pox | ___Fainting | ___Measles (German) | ___Other | |

Date of last Tetanus shot: _____

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 _____

Precautions are taken for the safety and health of my/our child, but in the event of any loss, damage or injury suffered by the participant as a result of participating in the activities of *Bethel Christian Reformed Church Listowel*, as well as any medical treatment authorized by the supervising individuals representing the church, *Bethel Christian Reformed Church Listowel*, its staff, and its volunteers are hereby released from any liability. In the event that my/our child requires special medication, x-rays or treatment, I/we understand that efforts will be made to notify me/us immediately. I/ we, the parent or guardians named above, authorize one of the *Bethel Christian Reformed Church Listowel* ministry staff and volunteers to sign a consent form for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for the participant named above, in the event of an emergency. I/we also consent to the use of photographs and videos taken of my/our child during youth events to be used for advertisement and promotion purposes. Finally, I/we permit my/our child to meet with and be driven by staff, ministry leaders, and those associated with the youth group at *Bethel Christian Reformed Church Listowel.*

Parent/Guardian's Signature: _____Date: _____

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