

WAIVER & MEDICAL RELEASE FORM

Overnight Events

Activity Bowling Date: April 28th 2016

Chaperones: _____

Name of Child: _____ Date of Birth: _____

Address: _____ Pc: _____

Phone : _____ Parent's Work/ Cell: _____

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 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:

<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Severe Stomach Ache	
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Measles (Red)	<input type="checkbox"/> Sinusitis	
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Fainting	<input type="checkbox"/> Measles (German)	<input type="checkbox"/> 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 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.

Parent/Guardian's Signature: _____ Date: _____

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