

WAIVER & MEDICAL RELEASE FORM
Youth Group for 2009/2010

Activity: All Wednesday night and Friday night youth gatherings from Sept 1, 2008 to Aug 31, 2009

Chaperones: Pastor Scott and the Youth Ministry volunteer staff

Child's Name: _____ Age: _____ Child's Cell# _____

Are you ok with text messages being sent to your child regarding youth events and Wednesday nights? _____

Date of Birth: _____ Grade: _____

Address: _____ Postal Code: _____

Phone: _____ School: _____

Mother's Name: _____ Work #: _____ Cell# _____

Father's Name: _____ Work #: _____ Cell# _____

Does your child have any severe allergies? (i.e. bee stings, food, penicillin, other drugs?)

No Yes

If yes, please explain: _____

Does your child have any life-threatening allergies? No Yes

If yes, please explain: _____

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin, etc.)

No Yes

If yes, please explain when & how it is to be administered: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? No Yes

If yes, please explain: _____

I/we also give permission to use pictures/videos that may be taken of my child during youth events for promotional purposes.

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Century Meadows Baptist Church, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or medical treatment, every effort will be made to contact the parents/guardians as quickly as possible.

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

Provincial Health Insurance Number: _____

Name of Family Physician: _____ Physicians Phone # _____

Parent/Guardian's Signature Date

Parent E-mail address

Student's E-mail address

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