

WAIVER & MEDICAL RELEASE FORM

Thrive Youth Group for 2011/2012

Activity: All Wednesday and Friday night youth gatherings as well as any other trips from Sept 1, 2011 to Aug 31, 2012

Chaperones: Youth Ministry volunteer staff

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

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