

WAIVER & MEDICAL RELEASE FORM

Overnight Events

Activity: _____ Date: _____

Chaperones: _____

Name of Child _____ Age _____

Address _____ Pc _____

Phone _____ School _____

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:

Appendicitis	Ear Infection	Hay Fever	Mumps
Asthma	Epilepsy	Hepatitis	Severe Stomach Ache
Tonsillitis	Bedwetting	Diabetes	Measles (Red)
Sinusitis	Chicken Pox	Fainting	Measles (German)
Other			

Date of last Tetanus shot: _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *International Gospel Centre*, its staff, and its **Approved 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.

In case of surgical emergency, I hereby give permissions to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

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 _____

Parent/Guardian's Signature: _____ Date: _____

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