

<b>WAIVER &amp; MEDICAL RELEASE FORM 2009/10</b> <b>Youth Friday Nights, Off-Sight &amp; Small Group Activities</b>
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Name of Youth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ P.C. \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Parent's Email \_\_\_\_\_

Does your child have any allergies? (bee stings, food, penicillin, other drugs) YES  NO   
 If yes, please specify: \_\_\_\_\_

Does your child have any life-threatening allergies? YES  NO   
 If yes, please specify: \_\_\_\_\_

Is your child bringing any medication with him or her? YES  NO   
 If yes, please specify: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? YES  NO   
 If yes, please specify: \_\_\_\_\_

At youth events we take pictures to remember events and share the excitement of youth group with others. We may take pictures of your child and use them on the youth web site or in another form of promotional material (e.g. Brochure, Facebook, etc.). Unless submitted in writing to the church we will assume this is permissible.

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Ellerslie Road 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 treatment, the parents/guardians will be notified immediately.

In case of an emergency, I hereby give permissions to the physician selected by Ellerslie Road Baptist Church to hospitalize, secure proper treatment and to order injection, anaesthesia or surgery for my child as named above.

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

Family Physician & Phone: \_\_\_\_\_  
 Provincial Health Insurance Number: \_\_\_\_\_  
**Parent/Guardian Name Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian Name Signature:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_