

**ANNEX E**

**WAIVER & MEDICAL RELEASE FORM**

**Appendix 2  
Overnight Events**

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Chaperones: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Emergency/Alternate Phone: \_\_\_\_\_

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

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

Is your child bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin)  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, 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, explain: \_\_\_\_\_

Precautions are taken for the safety of your child, but in the event of accident or sickness, Trinity Bible 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.

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 \_\_\_\_\_  
Bedwetting \_\_\_\_\_ Diabetes \_\_\_\_\_ Measles (Red) \_\_\_\_\_ Sinusitis \_\_\_\_\_  
Chicken Pox \_\_\_\_\_ Fainting \_\_\_\_\_ Measles (German) \_\_\_\_\_  
Tonsillitis \_\_\_\_\_ Other \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Precautions are taken for the safety of your child, but in the event of accident or sickness, Trinity Bible 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 surgical emergency, **I hereby give permissions to the physician selected by Trinity Bible Church 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: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_