

WAIVER & MEDICAL RELEASE FORM

Activity: Kids Club and Youth Bible Study at Goodwood Baptist Church, 283 Hwy 47, Goodwood, ON L0C 1A0

Date: Tuesdays, Sept. 20/16 – May 16/17

Chaperones: Debbie Bacon, Carol Brandon

Name of Child: _____

Grade: _____ **Birth Date:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

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

YES _____ **NO** _____ **Life Threatening? 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, which will help us to make your child more comfortable and more effectively teach him/her? Ex. Learning disabilities ...)

YES _____ **NO** _____

If yes, explain: _____

Would you allow your child's photo to appear on Goodwood Baptist Church's website?

YES _____ **NO** _____

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

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:

Name, printed: _____