



WAIVER & MEDICAL RELEASE FORM

Activity: _____

Departure Date: _____ Returning date: _____

Name of Participant: (First) _____ (Last) _____

Date of Birth: _____ Gender : M F

Address: _____

I / Parent / Guardian: _____ E-mail : _____

Telephone (Home): _____ (Cell phone): _____ Work Place: _____

Does participant have any allergies? (e.g. Bee stings, food, penicillin, other drugs) Yes _____ No _____

If yes, please explain : _____

Is participant bringing any medication with him/her?(e.g. antibiotics, ventilator, Ritalin) Yes__ No__

If yes, please explain : _____

Note: The Church and its workers and volunteers do not administer medication, and are not responsible and do not assume any responsibility for monitoring and ensuring that a child properly takes his/her medication.

Does participant have any other health condition, or any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? Yes _____ No _____

If yes, please explain : _____

In the event that participant requires emergency medical treatment, the parents/guardians will be notified immediately. Participant must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number : _____

Family Physician Name : _____ Phone Number : _____

Family Dentist Name : _____ Phone Number : _____

Emergency Contact Name : _____ Phone Number : _____

I / Parent's / Guardian's Agreement with Coquitlam Christ Church Of China :

Release of Liability

In the event of accident or sickness, I hereby release Coquitlam Christ Church of China, its staff, and its volunteers from any liability.

Permission for Emergency Medical Treatment

In case of emergency, I hereby give permission to the physician selected by Coquitlam Christ Church of China to provide medical treatment for participant as names above.

Contact person(not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

I/Parent/Guardian's Signature : _____ Date : _____