

# WAIVER & MEDICAL RELEASE FORM

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

Chaperones: \_\_\_\_\_ Lab Youth Staff \_\_\_\_\_

Name of Student: \_\_\_\_\_ 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 behavioural concerns or limitations that our staff should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *Living Waters Assembly*, 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 Number: \_\_\_\_\_

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

**Date:** \_\_\_\_\_

Living Waters Youth Ministry  
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