

**Appendix G**  
(Waiver & Medical Release Form)

**Field Trips and Special Events**

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

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

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

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

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

Does your child have any severe allergies? (Bee stings, food, penicillin etc..)  
No \_\_\_\_\_ Yes (explain) \_\_\_\_\_

Does your child have any life threatening allergies?  
No \_\_\_\_\_ Yes (explain) \_\_\_\_\_

Is your child bringing any medication with him/her?  
No \_\_\_\_\_ Yes (explain) \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?  
No \_\_\_\_\_ Yes (explain) \_\_\_\_\_

\* Your child must be covered by Provincial Health Insurance or the equivalent in medical insurance.

Provincial Health Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Precautions are taken for the safety of your child, but in the event of an accident or illness, Faith 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 medical treatment you as a parent or guardian will be notified immediately.

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

\_\_\_\_\_  
Date