

**Appendix G**

(Waiver & Medical Release Form)

**Field Trips and Special Events**

This document is to cover the 2022-2023 Faith Baptist Church (Momentum) Youth group season.

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

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

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

I give Faith Baptist Church youth group (Momentum) permission to use the photos or videos taken of the name mentioned above to be used for social media or website purposes. (No \_\_\_ Yes \_\_\_)

Does your child have any severe allergies? (Bee stings, 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 behavioural 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 #: \_\_\_\_\_ 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/Guardians Signature

\_\_\_\_\_  
Date