

Appendix G

(Waiver & Medical Release Form)

Field Trips and Special Events

This document is to cover the 2024-2025 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