

Appendix G

(Waiver & Medical Release Form)

Field Trips and Special Events for 2018-2019 School Year

Information Section:

Activity: _____ For all activities in the province of Nova Scotia _____

Name of Child: _____ age: _____

Address: _____

Phone #: _____ School: _____

Name of Parent/ Guardian: _____ Email: _____

Home Phone: _____ Cell _____ Work _____

Emergency Contact Name: _____ Phone #: _____

Medical Information:

Does your child have any allergies? (Bee stings, penicillin etc.)

No ___ Yes ___ Life threatening ___ Severe ___ Non-Severe ___

If yes to any please explain

Is your child bringing any medication with him/her?

No ___ Yes ___ If yes to any please explain

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?

No ___ Yes ___ If yes to any please 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 #: _____

Medical Release:

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. In case of a surgical emergency, I hereby give permission to the physician selected by Faith Baptist Church staff to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child named above.

Parent/Guardians Signature

Date

*this form allows your son/daughter to go on any special event we do within Nova Scotia