

4.5

Sample Activity Program Waiver and Medical Release

Note: Before an activity, the teacher/leader stores a copy of this waiver in a safe storage area and takes another copy on the outing.

(Insert your church name/ministry name here)

Description and Location of Activity: _____

Departure date: _____ Returning date: _____

Full Name of participant: _____
First Last

Birth date (N/A for adult): _____

Full Address: _____

Parent/guardian/caregiver name(s): _____

Circle the number where parent/guardian may be reached when trip is taking place.

Home/residence phone: _____ Cell phone: _____ Work phone: _____

Does participant have any severe allergies or other medical condition that leaders should be aware of?
 Yes No

If yes, please list and explain _____

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, (insert your church/ministry name here), its staff and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me, (or a residential staff) should such a situation occur.

In the event that travel or activities take place outside this province, I understand that any medical costs incurred involving the participant are my responsibility.

The participant must be covered by provincial health insurance or equivalent medical coverage. If the trip is out of province, please give insurance provider and policy number:

Participant's Health card number: _____

Participant's Family Physician: _____ Phone: _____

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (PRINT): _____