

**FORM 10 – WAIVER & MEDICAL RELEASE FORM**

Activity: Attending Sunday and Weekday Children's and Youth Activities

Staff: Approved Parry Sound Pentecostal Tabernacle Ministry Staff

Transportation: Approved Parry Sound Pentecostal Tabernacle chauffeurs and/or on a rented bus.

Name of Child/Youth: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parent/Guardian Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Does your child/youth have any severe allergies? (bee stings, food, penicillin, other drugs) Y or N  
If yes, please explain: \_\_\_\_\_

Does your child/youth have any life-threatening allergies? Y or N  
If yes, please explain: \_\_\_\_\_

Is your child/youth bringing any medication with him/her?(Antibiotics, ventilator, Ritalin) Y or N  
If yes, please explain: \_\_\_\_\_

Check if your child/youth currently, or within the last three months, has had any of the following:

- |              |               |                     |             |
|--------------|---------------|---------------------|-------------|
| Appendicitis | Ear Infection | Hay Fever           | Mumps       |
| Asthma       | Hepatitis     | Severe Stomach Ache | Tonsillitis |
| Bedwetting   | Diabetes      | Measles (Red)       | Sinusitis   |
| Chicken Pox  | Fainting      | Measles (German)    | Epilepsy    |

Approx. Date of last Tetanus shot: \_\_\_\_\_

Does your child/youth have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Y or N  
If yes, please explain: \_\_\_\_\_

While precautions are taken for the safety and health of your child, yet in the event of an accident, medical emergency or sickness, I hereby agree that Parry Sound Pentecostal Tabernacle, its staff and volunteers are released from any liability as to cause or procedure in dealing with such. Furthermore, I agree to the following procedure. Should an accident or illness occur that appears in the discretion of the Clubhouse leadership to warrant my child being returned home, I shall be contacted and/or my child shall be transported home by myself or the church. If in the discretion of the Clubhouse leadership, it is felt that my child should be taken immediately to the emergency department of the local hospital, such may be arranged by the church using private vehicle or ambulance, with myself being notified as soon as possible. Where medical or hospital personnel require it, the Clubhouse leaders are authorized to grant permission for emergency treatments as necessary until I arrive to be with my child.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

**Parent/Guardian's Signature:**

**Date:**

\_\_\_\_\_