

**The Plan to Protect – Policies and Procedures Manual**

**Waiver & Medical Release Form**  
Field Trips and Special Events

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Chaperones: \_\_\_\_\_

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

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

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

Does your child have any severe allergies (bee stings, food, penicillin, other drugs)? Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have life threatening allergies? Yes  No

If yes, please explain: \_\_\_\_\_

Does your child bringing any medication with him/her (antibiotics, ventilator, Ritalin)? Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of? Yes  No

If yes, please explain: \_\_\_\_\_

Precautions are taken for the safety and health of your child, but in the event of an accident or sickness, WFGA, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

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

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

Name of Family Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**Parent/Guardian's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Children's/Youth Ministries**  
Warden Full Gospel Assembly  
2210 Warden Ave., Scarborough, ON M1T 1V7  
Phone: 416.494.2201 Fax: 416.494.1305

## The Plan to Project – Policies and Procedures Manual

### Waiver & Medical Release Form Overnight Events

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Chaperones: \_\_\_\_\_

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

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

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

Does your child have any severe allergies (bee stings, food, penicillin, other drugs)? Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have life threatening allergies? Yes  No

If yes, please explain: \_\_\_\_\_

Does your child bringing any medication with him/her (antibiotics, ventilator, Ritalin)? Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of? Yes  No

If yes, please explain: \_\_\_\_\_

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

Appendicitis	Ear Infection	Hay Fever	Mumps
Asthmas Epilepsy	Hepatitis	Severe Stomach Ache	Tonsillitis
Bedwetting	Diabetes	Measles (red)	Sinusitis
Chicken Pox	Fainting	Measles (German)	Other

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

Precautions are taken for the safety and health of your child, but in the event of an accident or sickness, WFGA, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

In case of surgical emergency, I hereby give permission to the physician selected by WFGA to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

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

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

Name of Family Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**Parent/Guardian's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

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