

PARKWAY CHURCH [OVERNIGHT WAIVER & MEDICAL RELEASE FORM]

Activity: __SPARK | Jr. High Conference_____

Date: ____April 13/14, 2018_____

Time: _DPRT PKWY 1:30pm (April 13) | RTRN to PKWY 8pm (April 14)_____

CHAPERONES: ____Pastor Nate, Reena, Steffen, Sarah, Hunter, Liz, Luke_____

EXTRA NOTES FOR PARENTS:
\$120 Before March 26, 2018
\$150 After March 26, 2018
cost is all inclusive

Name of child: _____ **Age:** _____

Emergency Phone: _____

Alternate Emergency Contact: _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *Parkway Road Pentecostal Church*, its staff, and it's 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.

Parent/Guardian's Name (Please print): _____ **Date:** _____

Parent/Guardian's Signature: _____



MEDICAL RELEASE

Does your child have any servere allergies? (Bee stings, food, penicillin, other drugs) Y____ N____

If yes, please explain: _____

Does your child have any life-threatening allergies? Y____ N____

If yes, please explain: _____

Is your child bringing any medication with him/her? (Antibiotics, Epi-Pen, Ritalin, ventilator) Y____ N____

If yes, please explain: _____

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

If yes, please explain: _____

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

- | | | | | | | | | |
|--------------|----------|-------------|-------------|------------------|---------------|---------------------|-------|------------|
| Appendicitis | Asthma | Bed wetting | Chicken Pox | Diabetes | Ear Infection | Measles (Red) | Mumps | Tonsilitus |
| Epilepsy | Fainting | Hay Fever | Hepatitis | Measles (German) | Sinusitis | Severe Stomachaches | | |

Other: _____ Date of last Tetanus shot: _____

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: _____