



# Waiver & Medical Release Form

## YC2019, May 18-20

Name of Student: \_\_\_\_\_ Gr: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday (M/D/Y): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Does your child have any allergies (ie: FOOD, drug, stings): YES \_\_\_\_\_ NO \_\_\_\_\_

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

Does your child have any life threatening allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Will they have an epi-pen? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Is your child bringing any medication with him or her? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Lacombe Pentecostal Church, 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.

Name of Physician or Clinic: \_\_\_\_\_ Ph: \_\_\_\_\_

This waiver is to be signed by you, the parent/guardian of the above said child, to give the above said ministry, at Lacombe Pentecostal Church, permission to take your child to YC2019 in Red Deer, AB from May 18-01, 2019.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_