

## WAIVER & MEDICAL RELEASE FORM Field Trips and Special Events

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

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
(First & Last Name – please print clearly)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does your child have any severe allergies? (bee stings, food, penicillin/other drugs)

YES \_\_\_ NO \_\_\_

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

Does your child have any life-threatening allergies?

YES \_\_\_ NO \_\_\_ If yes, please explain:

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin)

YES \_\_\_ NO \_\_\_ If yes, please explain:

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:

*Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Gateway Church – London Inc., its staff, and its volunteers are hereby released from any liability. In the event that your child requires emergency treatment, you or your designated emergency contact will be notified immediately.*

The above named child is covered by Ontario health insurance (OHIP) or equivalent medical insurance.

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent/Guardian's Signature:**

**Date:**

\_\_\_\_\_

**Gateway Church: Family & Student Ministries**

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