



WAIVER & MEDICAL RELEASE FORM Field Trips and Special Events

Activity: Home of Rinesh and Reema Duval - 77 Schuyler Street - Paris ON Chaperone - Pastor Shine

Name of Student: _____ Age: _____ Address: _____ Phone: _____

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs) [?] YES [?] NO If yes, explain: _____

Does your child have any life-threatening allergies? [?] YES [?] NO If yes, explain: _____

Is your child bringing any medication with him/her? [?] YES [?] NO If yes, 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, explain: _____

Precautions are taken for the safety of your child, but in the event of an accident or sickness, New City 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.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance (OHIP): _____

Family Doctor: _____ Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____