**sequoia**church

# INFORMED CONSENT, WAIVER & MEDICAL RELEASE FORM
## Overnight or Multi-day Events

**Activity**: _____ Date(s): _____

## Child/Youth Information

Name: _____ Age: _____ D.O.B: _____

Does your child have any severe, life-threatening allergies? (bee stings, food, penicillin, other drugs) 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 pertinent physical, emotional, mental or behavioral concerns or limitations? YES / NO

     If yes, please explain: _____

## Parent Contact Information

Name of Parent/Guardian: _____ Relation to Child: _____

Address: _____ Postal Code: _____

Phone: (Home): _____ (Work): _____ (Cell): _____

E-mail: _____

## Emergency Contact Information

Contact: _____ Relation to Child: _____ Phone: _____

## Medical Information

Health Card #: _____ Doctor: _____ Phone: _____

## Waiver and Medical Release

I, the undersigned, hereby release Sequoia Community Church and any persons, staff, or volunteers associated with Sequoia Community Church, from any and all liability in connection with the aforementioned event. I understand that it is my responsibility to disclose any special concerns or considerations about my child on this form. Sequoia Community Church has my permission to use necessary medical measures in the event of an emergency. I understand that in the case of such an emergency, I will be contacted. If I cannot be reached, the emergency contact indicated above will be notified as soon as possible. I also give Sequoia Community Church my permission to have, use, and reproduce photographs or videotape of my child taken during this event for its own records or for public relations/promotion efforts. Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

_____          _____
    Signature of Parent/Guardian                                      Date