



## **INFORMED CONSENT, WAIVER & MEDICAL RELEASE FORM**

### Standard

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

#### **General Information**

Name of Child/Youth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Does your child have any special consideration we should be aware of (severe allergies, behavioral/emotional concerns, medications, physical limitations, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **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[ren] 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