



## 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