

# Black Diamond Gospel Chapel

## WAIVER & MEDICAL RELEASE FORM

Name of Child: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact information: Address same as above? yes \_\_\_\_\_ no \_\_\_\_\_ (if not please provide)

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

In the event that parents cannot be contacted please provide an alternate individual that can be contacted and has your trust to make decisions for your child and their wellbeing.

Contact Name: \_\_\_\_\_ 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? (Antibiotics, Ventilator, Ritalin)  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Check if your child currently, or within the last three months, has had any of the following:

Appendicitis	Ear infection	Hay Fever	Mumps
Asthma	Epilepsy	Hepatitis	Severe Stomach Ache
Bedwetting	Diabetes	Heart condition	Sinusitis
Chicken Pox	Fainting	Measles	Tonsillitis
Other _____			

Date of last Tetanus Shot: \_\_\_\_\_ Immunization records current: yes \_\_\_\_\_ no \_\_\_\_\_

Precautions are taken for the safety of your child, but in the event of accident or sickness or in the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately. In case of surgical emergency, I hereby give permissions to the physician selected by Black Diamond Gospel Chapel to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Provincial Health Insurance Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**This waiver form covers all official scheduled BDGC Youth activities and events that your child may attend for the 2009/2010 year. If any information in this document needs updating, it is the sole responsibility of the parent/guardian to notify BDGC staff/ volunteers. By signing this form you are compliant that Black Diamond Gospel Chapel, its staff, and its volunteers are hereby released from any liability during the 2009/ 2010 year.**

**Legal Parent/Guardian's Signature:**

**Date:**

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