

# BETHANY EVANGELICAL MISSIONARY CHURCH

## Waiver & Medical Consent and Release Form

**To the Parent/Guardian:** For **CROSSEYED YOUTH** to participate in activities September 2017 – August 2018, please complete this form and return to Youth Pastor/designate at Bethany. It is solely your responsibility to provide comprehensive medical insurance coverage for the youth and to speak with them about adhering to instructions given and following all safety measures required.

<b>Name of Youth</b>		<b>D.O.B. (Month/Day/Year)</b>	
<b>Home Address</b>		<b>Postal Code</b>	
<b>Parent's Phone No.</b>	<b>Parent's Email Address</b>	<b>Grade</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
<b>Parents/Guardians Names, Relationship to Youth &amp; Work Number(s)</b>			
<b>EMERGENCY INFORMATION</b>			
<b>Family Dr. Name &amp; Phone #</b>			
<b>In Emergency, call (name &amp; phone #)</b>		<b>Health Card #</b>	
Does your youth have any serious threatening allergies or chronic illnesses? YES <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			
Does your youth have any physical, emotional, mental, behavioural concerns or any other limiting conditions that our staff should be aware of? If yes, please explain:			
Will your youth be bringing any medication with him/her? If yes, please list name of medication, amount to be administered and time of administration (state whether or not youth can self-administer and, if not, if Bethany staff is to assist with same):			
Parent/guardian to set out any conditions (medical, allergies, dietary requirements), which should be observed:			
<p>Precautions are taken for the safety and health of your youth, but in the event of accident or sickness, Bethany Evangelical Missionary Church, its staff, and volunteers) are hereby released from any liability. In the event that your youth requires special medication, x-rays or other emergency medical treatment, the parents/guardians will be notified immediately and, if for reasons of the health and safety of the youth, time not permit for consent to be given, Bethany is specifically authorized to provide such services and/or instruct medical personal to do so. By signing this form you agree to indemnify and save harmless Bethany, its staff, volunteers, board and members from any liability that might be occasioned during the activity and all travel to and from the activity, including any actions taken by Bethany in accordance with the instructions and consents given by you in this form.</p> <p><input type="checkbox"/> I also recognize that Bethany Evangelical Missionary Church may use photography and video images of events in publicity materials such as websites, newspapers, and posters and I, therefore, grant permission for photo images of my child to be taken and used for such purposes.</p> <p>Signature of parent/guardian(s) [Must be signed at least one person who is the parent/guardian of the youth and, if not signed by both parents/guardians, who has advised the other parent/guardian of the matters set out herein and has obtained their consent to same.</p>			
Print Name: _____		Signature: _____	
Print Name: _____		Signature: _____	
Date: _____			

(Please fill out reverse side of form)

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Birthday: \_\_\_\_\_

Students Email: \_\_\_\_\_

Twitter Name: \_\_\_\_\_

Facebook Name: \_\_\_\_\_

Students Cell #: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_