

Appendix # 1

**WAIVER AND MEDICAL RELEASE FORM (E-mail)
Steinmann Mennonite Church**

Name of Child/Youth: _____

Age: _____ Date of Birth _____

Address: _____

Phone: _____ School: _____

Emergency Contact and Phone Number if you are not available:

Does your child/youth have any severe allergies? (bee stings, food, penicillin, other drugs) YES _____ NO _____

If yes, please explain: _____

Does your child/youth carry an EpiPen? YES _____ NO _____

Would your child/youth bring medication with him/her on an overnight event? (eg. inhaler, Ritalin, insulin) YES _____ NO _____

If Yes, please explain: _____

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

Appendectomy _____ Asthma _____ Epilepsy _____ Hepatitis A or B _____
Bedwetting _____ Diabetes _____ Chicken Pox _____ Fainting _____ Other _____

Date of last Tetanus shot: _____

Does your child/youth have any concerns (physical or behavioural) that would limit their full participation in our programs? YES _____ NO _____

If yes, please explain: _____

Turn over →

Is there anything else we should know about your child/youth? _____

Precautions are taken for the safety and health of your child/youth, but in the event of accident, sickness **or death**, *Steinmann Mennonite Church*, its staff, and its volunteers are hereby released from any liability.

In the event that your child/youth requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

In case of an emergency, I hereby give permission for the adults in charge to act on our behalf to seek and approve medical assistance, and agree to cover the appropriate costs.

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

Provincial Health Insurance Number (including version code) _____

Name of Family Physician _____

Phone number of Family Physician _____

Name and Phone Number of Dentist _____

I/We hereby give my child/youth permission to participate in the activities of Steinmann Mennonite Church and to travel with designated drivers to such events for the church year September 1, _____ to August 31, _____.

Parent/Guardian's Signature: _____

Date: _____