



Waiver & Medical Release Form

September 2016-September 2017

Name of Child (First & Last): _____ Age: _____

Address: _____ Postal Code: _____

School Child Attends: _____ Home Church: _____

Main Contact Phone Number: _____ (home, cell, business)

Secondary Contact Number: _____ (home, cell, business)

Does your child have any severe allergies? Yes/No (Circle one)

If yes, please explain:

Is your child bringing any medication with him/her? (anti-biotics, Ritalin) Yes/No (circle one)

If yes, please explain:

Does your child have any physical, emotional, mental, or behavioural concerns or limitations that our staff should be aware of? Yes/No (circle one)

If yes, please explain:

Circle 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 Ach		Tonsillitis
Bedwetting	Diabetes	Measles (Red)	Measles (German)	
Chicken Pox	Fainting	Other: _____		

Date of last Tetanus Shot: _____

Disclaimer:

Precautions are taken for the safety and health of your child, but in the event of an accident or sickness, Listowel Pentecostal Church, its staff and its volunteers are hereby released of any liability.

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 Listowel Pentecostal Church to hospitalize, secure proper treatment for, and to order injection, anaesthesia 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 Number: _____

Photo Release Form

Does *Listowel Pentecostal Church* have full authorization to take pictures of your child for in-house activities, social media, and advertizing? Yes/No *(circle one)*

Initials: _____

Does *Listowel Pentecostal Church* have full authorization to take pictures of your child for outside promotion and advertising (news paper, social media, etc)? Yes/No *(circle one)*

Initials: _____

Parent/Guardian Name *(First & Last):* _____

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact

Name of Emergency Contact Person(s): _____

Phone Number of Emergency Contact(s): _____

Listowel Pentecostal Church

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