



Annual Waiver 2018/19

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Emmanuel Evangelical Free Church. Any medical information collected here serves to authorize Emmanuel Evangelical Free Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Name of Child _____

Date of Birth _____

Grade _____ Gender _____

Address _____

Postal Code _____

Parent's Email _____

Student's Email _____

I agree to be contacted by Emmanuel Evangelical Free Church for marketing and promotional purposes. I understand that I can unsubscribe at any time.

Phone Number _____

Parents Cell _____

Emergency contact (someone other than parent/guardian):
_____ phone number _____

Provincial Health Card Numbers (both 9 & 6 digits):
_____/_____

Family Doctor _____ Phone _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?

YES____ NO____

If yes, please explain: _____

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs) YES____ NO____ If yes, please explain:

Will your child bring any medication with him or her to a regular youth event? (Antibiotics, ventilator, Ritalin) YES____ NO____

If yes, please explain _____

(Note: Please turn in all medications to the youth director or youth ministry assistant)

Precautions are taken for the safety and health of your child, but in the event of an accident or sickness, EEFC, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Parent/Guardian Name(s) _____

Parent/Guardian's Signature _____

Date _____

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