



Note: Before an activity, the teacher/leader stores a copy of this waiver in a safe storage area and takes another copy on the outing.

Description and Location of Activity: .....

Departure date: ..... Returning date: .....

First name of participant: ..... Last name of participant: .....

Birth date (N/A for adult): .....

Full address: .....

Parent/guardian/caregiver name (s): .....

Home/residence phone: ..... Cell phone: ..... Work phone: .....

Please circle the number where the parent/guardian/ may be reached when trip is taking place.

Does the participant have any severe allergies or other medical condition that leaders should be aware of? Yes:  No:

If yes, please list and explain: .....

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, The Church of St. Andrew and St. Paul, its staff and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participation and understand that reasonable attempts will be made to contact me, (or a residential staff) should such a situation occur.

In the event that travel or activities take place outside this province, I understand that any medical costs incurred involving the participant are my responsibility.

The participant must be covered by provincial health insurance or equivalent medical coverage. If the trip is out of province, please give insurance provider and policy number.

Participant's Health card number: .....

Participant's Family Physician: ..... Phone: .....

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached.

Name: ..... Phone: .....

Name: ..... Phone: .....

Parent/Guardian signature: .....

Parent/Guardian name (PRINT): .....

Approved by: 