

**WAIVER & MEDICAL RELEASE FORM**  
**Field Trips and Special Events**

Activity \_\_\_\_\_ Date \_\_\_\_\_

Chaperones \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_

Does your child have any severe allergies (bee stings, food, penicillin, other drugs)? YES \_\_\_ NO \_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any life-threatening allergies? YES \_\_\_ NO \_\_\_

If yes, please explain: \_\_\_\_\_

Is your child bringing any medication with him or her (antibiotics, ventilator, Ritalin)? YES \_\_\_ NO \_\_\_

If yes, please explain: \_\_\_\_\_

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: \_\_\_\_\_

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, the Church of God, (local church name) \_\_\_\_\_,

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.

Your child must be covered by medical or health insurance.

Name of Health Insurance Provider \_\_\_\_\_

Insurance ID Number \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

**Parent's/Guardian's Signature**

**Date**

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