



*Children's Ministries of
Community Bible Church*
P.O. Box 903, Stittsville, Ontario, K2S 1B1
Phone & fax: (613) 836-2606

FAMILY REGISTRATION AND WAIVER / MEDICAL RELEASE

YEAR: _____ -- _____

FAMILY	
Last Name: _____	
Parents/Guardian: _____	Home Phone #: _____
Family Physician: _____	Phone #: _____
Emergency Contact (other than parent): _____	Phone #: _____

CHILD #1

Name: _____ Birth Date: _____ Age: _____

Grade: _____ Health Card #: (Optional) _____ Date of Last Tetanus shot: _____

Does your child have any health problems, allergies, medications, behavioural concerns or limitations? _____

CHILD #2

Name: _____ Birth Date: _____ Age: _____

Grade: _____ Health Card #: (Optional) _____ Date of Last Tetanus shot: _____

Does your child have any health problems, allergies, medications, behavioural concerns or limitations? _____

CHILD #3

Name: _____ Birth Date: _____ Age: _____

Grade: _____ Health Card #: (Optional) _____ Date of Last Tetanus shot: _____

Does your child have any health problems, allergies, medications, behavioural concerns or limitations? _____

Precautions are taken for the safety and health of your child but in the event of accident or sickness, *Community Bible Church*, leadership, staff, and volunteers are hereby released from any liability.

In the event that your child requires First Aid, assistance with non-prescription or prescription medication, or the application of suntan lotion, I hereby give permission to *Community Bible Church* leaders to administer treatment as necessary.

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

In the case of surgical emergency, I hereby give permission to the physician selected by *Community Bible Church* to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

I give permission to have my child photographed during events.

I affirm that I have read and accept the above items in this release form. I also give consent for the attendance and transportation of my child to any event or activity sponsored by Community Bible Church. Should it be necessary for my child to return home for medical reasons, disciplinary actions or otherwise, I will assume all transportation costs.

Parent/Guardian's Signature: _____ Date: _____

Note: To be completed annually. Original to be filed at church office. Copy to be taken to all events and programs.