

4C

Clarington Christian Children's Choir

MEDICAL INFORMATION AND LIABILITY RELEASE FORM

Child's Name: _____ Date of Birth ____/____/____ (dd/mm/yy)
Parent(s)/Legal Guardian(s) _____
Address: _____ Home Phone # (____) _____
City: _____ Province: _____ PC: _____ Daytime/Cell Phone:(____) _____
Secondary Contact Person _____ Relationship to child _____
Home Phone # (____) _____ Daytime/Cell Phone # (____) _____

Child's Health Record and Medical Information:

Child's Physician _____ Office Phone # (____) _____
Health Card # _____

History: <input type="checkbox"/> Sore Throats Sleepwalking <input type="checkbox"/> Sinusitis trouble <input type="checkbox"/> Bronchitis <input type="checkbox"/> Fainting <input type="checkbox"/> Stomach upset wetting <input type="checkbox"/> Kidney trouble <input type="checkbox"/> Special dietary <input type="checkbox"/> Convulsions <input type="checkbox"/> Other _____	Allergies : <input type="checkbox"/> Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Animals <input type="checkbox"/> Foods <input type="checkbox"/> Bee/Insect Stings Antidote: <input type="checkbox"/> Benadryl <input type="checkbox"/> Anakit <input type="checkbox"/> Epikit <input type="checkbox"/> Other <input type="checkbox"/> Nurse administered <input type="checkbox"/> Self care <input type="checkbox"/> Other: _____	Medications: Is the child currently taking medication? <input type="checkbox"/> No <input type="checkbox"/> Yes Drug Name _____ Dosage _____ Time _____ Permission to administer: <input type="checkbox"/> Tylenol Plain <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aspirin <input type="checkbox"/> Yes <input type="checkbox"/> No
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Medical and Liability Release:

I am/We are in favour of the aforementioned child attending Choir events (i.e., rehearsal, singing appointments, fun days, field trips, etc.) and participating in all activities unless otherwise specified. As parent(s)/legal guardian(s), I/We accept the conditions stated, including the release of the Bowmanville Seventh-day Adventist Church from liability in case of accident or illness. I/We support, and the applicant agrees to abide by all event rules and Choir regulations and polices. In case of emergency, I/we give permission to the nurse/adult leader selected by the Choir to hospitalize, secure proper treatment for, and to order injections, anaesthesia, or surgery for my/our child. If the child's medical information changes after initial submission, please notify the Choir in writing.

Parent(s) / Guardian _____
Print Name

Print Name

Parent(s) / Guardian _____
Signature

Signature

Date: _____