

Form D
Activity Program Waiver and Medical Release

2018
Revision

Note : Before an activity, the person responsible must send the original copy to the Diocese and take a copy on the outing.

Parish : _____
Name of Parish

Christian Community : _____ from _____
Name of Christian Community *Name of Town or Village*

Description and location of activity : _____

Departure Date : _____ Returning Date : _____

Full Name of Participant : _____

Date of birth (only for those under the age of 19) : _____

Full address : _____

Parent/Guardian/Caregiver Name(s) : _____

Please provide the parent/guardian/caregiver's telephone numbers AND check the primary contact number where they may be reached during the trip.

Home/residence : _____

Cell : _____

Work : _____

Does the participant have any severe allergies or other medical conditions that the people responsible should be aware of?

YES NO

If so, 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 all activities. In the event of an accident or illness, the above mentioned parish, the Diocese of Bathurst, and their employees and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me 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.

Insurance Provider : _____

Insurance Policy Number : _____

Participant's Health Care Number : _____

Participant's Family Physician : _____

Physician's Telephone Number : _____

Contact person (other than parent/guardian/caregiver) in case of emergency and the parent/guardian/caregiver cannot be reached :

Name : _____

Telephone Number(s) : _____

Name : _____

Telephone Number(s) : _____

Parent/Guardian/Caregiver Signature : _____

Parent/Guardian/Caregiver Name (please print) _____

Date : _____