YOUTH MINISTRY

OFF-SITE ACTIVITY CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

Date: _____ Name (*Please print*): _____ Signature: _____

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed) (If you have registered your child with the Youth Program this year and have previously submitted this information, it is not necessary to complete this portion of the form.)

Student's Name: _____ Birth Date: _____

BC Medical Services Plan Personal Health No.: _____

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

_____

_____

Reaction(s) to above? _____

Carries Epi pen? ☐ Yes ☐ No Carries Ana Kit? ☐ Yes ☐ No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

_____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

_____

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

_____

Other Health/Medical/Dietary Concerns:

_____

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

Parent/Guardian who is filling out and signing this form:

Name (please print) _____ Signature _____

Personal information contained on this form is collected according the Safety Policies and Guidelines of Willoughby Christian Reformed Church for the purpose of participating in off-site trips. If you have any questions about this form, please contact Pastor Liz Tolkamp @ 604 530 5959