

**CENTRAL BAPTIST CHURCH MEDICAL FORM**

Lift Off! (February 3 – 4, 2017)

Please complete the entire form! Please register ONE PARTICIPANT per form!

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Surname Given Names

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ B.C. Care Card Number: \_\_\_\_\_

Or other Medical Plan # (Name and Number): \_\_\_\_\_

<b>EMERGENCY CONTACT</b>	Name: _____	Home Phone: _____
	Address: _____	Bus. Phone: _____
	Relationship: _____	
<b>ALTERNATE CONTACT</b>	Name: _____	Home Phone: _____
	Address: _____	Bus. Phone: _____
	Relationship: _____	

Note: Emergency Contacts MUST be completed!

Does the participant have any special needs: physical, emotional or behavioral, which may require special attention?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe in detail:  
 \_\_\_\_\_

**Administering of Medication**

All medication required by my child during this event, must be recorded with Joshua Kazakoff BEFORE the event starts (this includes Advil and Tylenol).

In the case of an emergency, I understand that every reasonable effort will be made to contact the stated emergency contact person. In the event that they cannot be reached, I hereby give permission for medical treatment to be administered by personnel from the group.

On occasion, the leaders might determine that a participant may require Tylenol/Advil.  
 Does your child have any adverse reaction to Tylenol or Advil? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: SHOULD A SERIOUS ACCIDENT OR ILLNESS OCCUR, AN AMBULANCE/TAXI WILL BE CALLED. It is my responsibility to check the participants' medical coverage. I recognize that B.C. Care may not cover the ambulance cost. I will pay the ambulance/taxi fee, even if my medical plan does not cover the cost. Yes \_\_\_\_\_ No \_\_\_\_\_

**WAIVER: I understand that Central Baptist Church will not be held responsible for any damage or injury that occurs during or as a result of the event.**

Note: This form must be signed by a parent or legal guardian for participants or staff member under 18 years of age

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_.  
(Month) (Day) (Year)

\_\_\_\_\_  
 (Signature of Parent/Guardian – Indicating that you have read the above)