

**Anglican Church of Canada  
Diocese of Fredericton**

**Regulation 4-4: Diocesan Safe Church**

**Schedule C– Program Waiver and Medical Release Form**

**Note: Before an off-site or overnight activity, event or program, the Leader shall secure the original of this Program Waiver and Medical Release form in a safe location, provide a copy to the Cleric, Parish Warden or Camp Director, as appropriate, and keep a second copy with him/her while on the activity.**

Organization Name: \_\_\_\_\_

Description and location of Activity: \_\_\_\_\_  
\_\_\_\_\_

Departure date/time: \_\_\_\_\_ Returning date/time: \_\_\_\_\_

Full Name of participant:

\_\_\_\_\_

First	Last
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Birth date (N/A for adult): \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/guardian/caregiver name(s): \_\_\_\_\_

Phone number(s) where parent/guardian may be reached when trip is taking place:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Does the participant have any allergies and/or medical intolerances, dietary restrictions, and/or other medical conditions?    Yes     No

If yes, please list and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all prescribed and naturopathic medications presently received:

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**Billet Information:**

Name of Billet: \_\_\_\_\_

Civic Address: \_\_\_\_\_

\_\_\_\_\_ (include Postal Code)

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
(area code) xxx-yyy (area code) xxx-yyy

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(area code) xxx-yyy

**Emergency Contact (other than Parent/ Guardian/ Caregiver)**

Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_

\_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Secondary: \_\_\_\_\_  
(area code) xxx-yyy (area code) xxx-yyy

Email: \_\_\_\_\_

The participant must be covered by provincial health insurance or equivalent medical coverage. If the trip is out of province, please give insurance information, and/or provincial Medicare number:

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medicare Number (Province/Territory): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
(if available)

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, \_\_\_\_\_, its staff 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, or my alternate contact, 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.

**Signatures:**

Parent/Guardian's Signature:

\_\_\_\_\_

Parent/Guardian's Name (PRINT):

\_\_\_\_\_ Date: \_\_\_\_\_

Leader's Signature: \_\_\_\_\_

Leader's Name (PRINT):

\_\_\_\_\_ Date: \_\_\_\_\_