

# Western Canada Chinese Catholic Living Camp 2009

## Medical Waiver and Parental Agreement\* Form

### Personal Information:

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthday: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Pager/ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

### Medical Information:

B.C. Care Card/ Medical Number: \_\_\_\_\_ Other Insurance Plan: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

(If the answer is "Yes" to any of the following questions, please specify.)

- Physical limitations?  No  Yes \_\_\_\_\_
- Food allergies?  No  Yes \_\_\_\_\_
- Medication allergies?  No  Yes \_\_\_\_\_
- Environmental allergies?  No  Yes \_\_\_\_\_  
(e.g. Hay fever, dust, animals, plants, etc.)
- Take regular medication?  No  Yes \_\_\_\_\_
- Other special conditions that our staff should be aware of?  No  Yes \_\_\_\_\_

### I. Participant's Consent:

I have provided accurate medical information above. In the event of emergency, I give permission to the staff of the Western Canada Chinese Catholic Living Camp (WCCCLC) 2009 to collect, use and disclose the above information to provide first-aid treatment and/ or make arrangements for qualified medical or surgical attention for me, if it should be required. I understand that the emergency contact name above will be notified by the quickest means possible if this authority is exercised. I agree to accept financial responsibility in excess of the benefits allowed through the provincial hospital/ medical insurance.

### II. Liability Waiver:

I hereby waive and forever discharge all individuals, all parishes and any other organization involved with WCCCLC 2009, from any and all actions, causes of actions, liability, claims and demands, or suits whatsoever whether existing as of this date or in the future and whether arising from the participation of WCCCLC 2009 or otherwise.

By signing below, I acknowledge that I fully understand all provisions stated in paragraphs I and II.

Participant's Signature: \_\_\_\_\_ Date: (MM/DD) \_\_\_\_/\_\_\_\_/2009

\* All participants who are under 19 years of age must complete this section by their parents/ guardians.

### Parent/ Guardian's Consent:

In consideration of the participant named above being permitted to participate in WCCCLC 2009, I being a parent or a lawful guardian of the participant, hereby consent to such participation by the participant in the event. By signing below, I acknowledge and agree to all provisions stated in paragraphs I and II on my behalf as well as that of the participant.

Parent/ Guardian's Signature: \_\_\_\_\_ Date: (MM/DD) \_\_\_\_/\_\_\_\_/2009

Name of Parent/ Guardian Printed: \_\_\_\_\_

*This information is collected and protected by the Western Canada Chinese Catholic Living Camp (WCCCLC) in accordance with the Personal Information Protection Act, and will only be used for WCCCLC 2009 registration and emergency medical purposes.*