

**Program Waiver and medical release form:**

Organization Name: 'Kids Lead' Community Development Program.

Description and location of Activity: Meeting at Stone Church - 87 Carleton Street. Some weeks will involve walking to various organizations.

Program date/time: Mondays at 4pm - 5:15pm.

Pick up and Drop off at Stone Church.

Items to bring: suitable clothes for walking and being outside. All other materials, including a healthy snack, will be supplied.

Full Name of participant: \_\_\_\_\_

Birth date: \_\_\_\_\_.

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:

Emergency Contact (other than Parent/ Guardian/ Caregiver)

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

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

Primary Telephone: \_\_\_\_\_ Secondary: \_\_\_\_\_

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

The participant must be covered by provincial health insurance or equivalent medical coverage.

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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, 'Lead Now', 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.

Signatures:

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

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

Leader's Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_