



# Western Canada Chinese Catholic Living Camp 2019

## Medical Waiver and Parental Agreement\* Form

### Personal Information:

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_  
Home Phone Number: (\_\_\_\_) \_\_\_\_\_ 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? (e.g. Hay fever, dust, animals, plants, etc.)  
No Yes \_\_\_\_\_
- Take regular medication? No Yes \_\_\_\_\_
- Other special conditions that we should be aware of?  
No Yes \_\_\_\_\_

### I. Participant Consent:

I have provided accurate medical information above. In the event of emergency, I give permission to the personnel of the Western Canada Chinese Catholic Living Camp (WCCCLC) 2019 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 2019, 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 2019 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) \_\_\_\_/\_\_\_\_/2019

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

### Parent/Guardian Consent:

In consideration of the participant named above being permitted to participate in WCCCLC 2019, I, being a parent or 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 Signature: \_\_\_\_\_ Date: (MM/DD) \_\_\_\_/\_\_\_\_/2019

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