

# CEILI 2009 MEDICAL WAIVER FORM

PLEASE PRINT IN CAPITAL LETTERS

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone/Cell \_\_\_\_\_

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

BC Care Card Number \_\_\_\_\_

Is your child presently on medication? \_\_\_\_\_ If yes, please list medication(s):

\_\_\_\_\_

Drug Sensitivities \_\_\_\_\_

Other Allergies \_\_\_\_\_

Please read the alternative statements below and sign under the one that you choose. Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, understand that Ceili Music and Dance Camp (Ceili 2009) and its employees/volunteers may not be held responsible and assume no liability for any injuries, accidents, lost or stolen property sustained while participating in Ceili Camp or due to acts of nature.

\_\_\_\_\_  
Signature (parent/guardian of minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name