



Name: _____

Email: _____

Phone: _____

Cell Phone: _____

Male or Female: _____

Home Church: _____

Birth Date: _____

Age: _____

Mailing Address: _____

Please include Postal code

MB Health Reg: (6 digit) _____ Personal Health ID: (9 digit) _____

Family Doctor: _____ Doctor Phone: _____

Medical History

Allergies - Please list any allergies you have, the type and severity of reaction to each allergy, and what are the treatments required if you have a reaction:

Medication* - Will you be bringing any medication (including puffers and injections, epi-pen)? Please list the name(s) of the medication and for what condition it has been prescribed:

*Note: Medications for minors must be in their original containers to be left with the Program Director and administered at appropriate times.

Other Conditions

Any other conditions we should know about (sleepwalking, developmental or physical needs) or other concerns (emotional or behavioral issues)? Do you require special assistance or 'one on one' support due to special needs? If so, please describe type of support:

Waiver

a.) In the case of medical emergency, I understand every effort will be made to contact parents/guardians first. In the event the parent/guardian cannot be reached, I hereby give permission to the attending physician on duty, to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my child as named above, and Rock Lake Ministries Inc. to disclose any medical information in its possession as required for medical treatment. In the event that medication, medical advice, medical transportation, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by my Provincial Health and/or Medical Insurance.

b.) I hereby give permission for the Program Director to administer over the counter medications as deemed necessary in its sole discretion.

c.) I understand that Rock Lake Ministries Inc. is a smoke, vape, marijuana and alcohol free environment. This includes all facilities, buildings, accommodations and grounds.

d.) I understand that RLM is not responsible for damaged, lost or missing items.

e.) I agree to permit the use of any photographs or videos of camp activities which may include the above named youth, to be used in camp promotional materials. This can include brochures, DVDs, camp website and newsletters.

f.) I agree to allow RLM to take my child off of the property for the purpose of ministering God's word under RLM supervision.

Must be signed by potential youth:

I, _____, have read, understand and agree with the above waivers terms and conditions.

Date: _____, Signature: _____

Signature of Parent or Guardian

I, _____, certify and agree to the waiver.

Date: _____, Signature: _____