Agape Aqualights Master Guide Club

Seventh-day Adventist Church in Ontario, Canada

Medical Information & Liability Release

Contact Information

Name of MG/MGT: _____ Sex: Male ☐ Female ☐

Address: _____ City:_____ Province_____

Postal Code_____ Date of Birth (dd/mm/yyyy):_____ Age:_____

Mobile #:_____ Home #:_____ Work#:_____

Church Membership:_____

Primary Emergency Contact:_____ Relationship:_____

Mobile #:_____ Home #:_____ Work#:_____

Secondary Emergency Contact:_____ Relationship:_____

Mobile #:_____ Home #:_____ Work#:_____

Health Record and Medical Information

The Ontario Conference of Seventh-day Adventist is required by law to obtain the following health information in case of medical emergency:

Your Physcian _____ Office Phone # _____

Health Card # _____ Insurance Carrier _____ Group # _____

Do you have any medical restrictions? No☐ Yes☐ Please explain in note attached.

Do you have any activity restrictions? No☐ Yes☐ Please explain in note attached.

Year of Immunizations (if applicable): DTP_____ Tetanus _____ Polio _____ MMR_____

HISTORY

☐ Sore throats ☐ Sleepwalking
☐ Sinusitis ☐ Heart trouble
☐ Bronchitis ☐ Diabetes
☐ Fainting ☐ Asthma
☐ Stomach Upset ☐ Bed wetting
☐ Kidney Trouble ☐ Special Dietary Needs
☐ Convulsions Other:_____
Explain:_____
_____
_____

ALLERGIES

☐ Drugs ☐ Plants ☐ Animals
☐ Foods ☐ Bee/Insect Stings
Antidote: ☐ Benadryl ☐ Anakit
☐ Epikit ☐ Other
☐ Administered by other ☐ Self-care
Other:_____
Explain:_____
_____
_____
_____

MEDICATIONS

Are you currently taking medication?

☐ No ☐ Yes, Explain:

Drug Name_____
Dosage_____
Times_____
Permission to administer:
☐ Tylenol Plain ☐ Aspirin ☐ Nil
_____

Medical and Liability Release

I am willing to participate in all Master Guide activities unless otherwise specified. I understand that some activities will involve camping, backpacking, mission-service trips, etc. I understand that I may be photographed or videotaped and release all rights for publication and advertising. I support and agree to abide by all the rules and regulations of the Master Guide Ministry. I release the Ontario Conference of Seventh-day Adventist Church from liability in case of accident or illness. In case of emergency, I give permission to the Master Guide Coordinator/Club Director or his/her designate to hospitalize, secure proper treatment for, and to consent to injections, anesthesia or surgery for me if ordered by a doctor in said emergency and my next of kin cannot be reached. (If the participant is a minor, a parent/guardian's signature is needed signifying consent to all the above matters):

Name of Parent/Guardian (If Applicable) _____

Signature:_____ Date:_____