Guidelines for Recruiting, Screening of Employees and Volunteers, and Directives for the Safety of All People in the Diocese of Edmundston

ACTIVITY PROGRAM WAIVER AND MEDICAL RELEASE (To be completed on the occasion of one night outing or more and for activities taking place outside the Diocese. Presence is always taken for all outings and the list is sent to the Diocesan Center				
	ppy of this waiver in a safe storage			
E ACTIVITY, PLEASE F	REFER TO LIST ON PAGE 3 .			
Returning date:				
First	Last			
s):				
guardian may be reached	when trip is taking place.			
Cell phone:	Work phone:			
-	ical condition that leaders should be			
	acher/leader stores a conn the outing.			

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in all activities. In the event of accident or sickness, the above-mentioned parish, the Diocese of Edmundston, their 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 should such as situation occur.

In the event that travel or activities take place outside this province, I understand that any medical costs incurred involving the participant are my responsibilities.

The participant must be covered by provincial health insurance or equivalent medical coverage. If the trip is out of province, please give insurance provider and policy number:

Participant's Health card number:	
Participant's Family Physician:	Phone:
Contact person (not parent) in case of emergency and p reached:	arents/guardians/caregivers cannot be
Name:	_Phone:
Name:	_Phone:
This authorization is valid for the period of	to
<i>If there is more than one activity, this authorization is mentioned on page 3.</i>	s valid for the duration of the activities

Dated _____ day of _____ 20___.

Parent/Guardian Signature:

Parish Coordinator Signature:

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1.	Description of activity:	
	Location:	
	Date:	
2	Description of activity:	
	Location:	
	Date:	
3.	Description of activity:	
	Location:	
	Date:	
4.	Description of activity:	
	Location:	
	Date:	
5.	Description of activity:	
	Location:	
	Date:	
6.	Description of activity:	
	Location:	
	Date:	
N	ote: For every activity approved by the parent/guardian/careg	giver

please mark with your initials.