



PROGRAMME MILE END

GENERAL WAIVER FORM

From time to time, the students of Programme Mile-End take part in special excursions and visits as part of our school program. In all cases, they are accompanied by staff members. If an emergency should arise and it is necessary to take your child to a hospital or doctor's office, we will try to contact you as quickly as possible. However, should it be impossible to do so, the undersigned authorizes us to have emergency medical care given to the student, where prescribed by a medical practitioner.

Student's Name:		Age:
Medicare Number:		Date of Birth:
Parent / Guardian Name:		
Address:		
Telephone (home):	Telephone (work):	Telephone (cell):
Emergency Contact (if different from above):		Telephone:

I, _____ have read and agree to the above.
(parent/guardian signature)

(Print Name)

(Date)