



**Parkgate Community Services Society
SUMMER 2009 Daycamp Permission Form Package – Page ONE of TWO**

Name of Child: _____
Address: _____
Phone: _____

PHOTOGRAPH RELEASE

The Parkgate Community Services Society volunteer, donor, client, community member, or individual contractor hereby gives permission for their photograph to be taken and any other pertinent information required, for the purposes of publication in brochures, web sites, program guides, annual reports or other promotional material by Parkgate Community Services Society.

Parent/Guardian Signature: _____

DISPLAY OF CHILDREN'S NAME PERMISSION

Due to revised regulations of the Community Care Facility Act through the Vancouver Coastal Health Authority, the Society is required to receive written permission from parents/guardians to allow for any display of children's names. This includes posted allergy alerts or art displays. Please sign below giving your consent. I hereby give my permission for the staff at the Parkgate Community Services Society's summer daycamp program to have the name of my child displayed in the facilities.

Parent/Guardian Signature: _____

OUT TRIP PERMISSION

The very nature of summer daycamp programs involves taking children on outings. These outings are part of the daycamp program. The schedule of these outings is communicated to families through the weekly newsletter. These outings may be within walking distance of the facilities, or may involve the use of rented transportation, public transportation or the Society's vans. Please sign below giving your consent. I hereby give my permission for the staff at the Parkgate Community Services Society's summer daycamp program to take my children on outings from the Parkgate Community Centre or the Seymour Youth Centre.

Parent/Guardian Signature: _____

Parkgate Community Services Society complies with the Personal Information Protection Act (PIPA) and the Privacy Information and Electronic Documents Act (PIPEDA). Information collected on this form is used in the normal course of communication through Parkgate Community Services Society in accordance with these legislations. If you have any questions about the collection or use of this information, contact our Privacy Officer at 604-983-6350.

Any unauthorized copying, disclosure or distribution of the information given by the volunteer, donor, client, community member or individual contractor for the above purposes is strictly prohibited.

Parkgate Community Services Society
SUMMER 2009 Daycamp Permission Form Package – Page TWO of TWO

PICK-UP PERMISSION FORM

The Parkgate Community Services Society requires written consent for those persons that the parent/guardian authorizes to remove the child from the facility. On the Emergency Consent card, there is a space for 1 (one) Emergency Contact or pick-up person. Please sign below giving your authorization for persons other than the child's parents/guardians to pick-up. I hereby give permission for the staff at the Parkgate Community Services Society's summer daycamp program to release my child to:

Name: _____

Name: _____

Parent/Guardian Signature: _____

CHILD DEPARTING/ARRIVING ON OWN

The Community Care Facilities Licensing recommends adult supervision of children at all times. Should children depart or arrive to the facility without adult supervision, these arrangements need to be authorized by the parent/guardian. By signing below, and providing details of the arrangement, you are giving your consent. I hereby give my permission for the staff at the Parkgate Community Services Society's summer daycamp program to:

Allow my child to arrive to the daycamp program on his/her own

Allow my child to leave the daycamp program on his/her own

Details: _____

Parent/Guardian Signature: _____

GETTING TO KNOW YOUR CHILD

Prior to the start of camp, we would appreciate knowing as much as possible about your child. Please share with us, any information that would assist staff to connect with and support your child in our camps.

Does your child benefit from additional help at school?

Is there anything that may affect your son/daughter that would be helpful for us to know (e.g. recent changes at home, trouble sleeping, etc.)?

Would your child benefit from additional supports in a group setting? Yes No

If yes, please explain. _____

The Summer Daycamp Coordinator is interested in your feedback and information. Please feel free to contact Cheryl Canofari at 604-983-6381.

Parkgate Community Services Society complies with the Personal Information Protection Act (PIPA) and the Privacy Information and Electronic Documents Act (PIPEDA). Information collected on this form is used in the normal course of communication through Parkgate Community Services Society in accordance with these legislations. If you have any questions about the collection or use of this information, contact our Privacy Officer at 604-983-6350.

Any unauthorized copying, disclosure or distribution of the information given by the volunteer, donor, client, community member or individual contractor for the above purposes is strictly prohibited.



**Parkgate Community Services Society
SUMMER 2009 Daycamp PERMISSION TO ADMINISTER MEDICATION**

*****This is form is only for children who receive regular medications for persistent conditions*****

Date: _____

Name of Child: _____

Address: _____

Phone: _____

I hereby give my permission to the staff of the Parkgate Community Services Society's summer daycamp program to administer:

_____ (Name of Medication) _____ (Prescription Number)

to my child according to the doctor's orders and instructions (these will be on the vial or bottle of prescription drugs or non-prescription drugs and on form below). The medication must be in its original container with all usage instructions in-tact.

Parent/Guardian Signature: _____

Physician: _____

Administering instructions: _____

Date commenced: _____ Date stopped: _____

DATE	TIME	DOSSAGE	COMMENTS	STAFF SIGNATURE

Parkgate Community Services Society complies with the Personal Information Protection Act (PIPA) and the Privacy Information and Electronic Documents Act (PIPEDA). Information collected on this form is used in the normal course of communication through Parkgate Community Services Society in accordance with these legislations. If you have any questions about the collection or use of this information, contact our Privacy Officer at 604-983-6350.

Any unauthorized copying, disclosure or distribution of the information given by the volunteer, donor, client, community member or individual contractor for the above purposes is strictly prohibited.

