



**EMERGENCY-CONSENT CARD
PARKGATE COMMUNITY SERVICES**



Name _____ Gender M ___ F ___ Birthdate _____
Surname First Name Day/Month/Year

Address _____
 _____ Home Tel _____

Mother's Name _____ Work Tel _____

Father's Name _____ Work Tel _____

_____ Home Tel _____

Secondary Address if Applicable
 Mother's Cell _____ Father's Cell _____

Emergency Contact _____ Tel _____

Child's M.D. _____ Tel _____

Child's Dentist _____ Tel _____

Most Recent Tetanus Shot _____ Vaccinations Current? Y/N (please circle)

Allergies/Medications/Medical Conditions _____

_____ Care Card # _____

It is the policy of the Parkgate Community Services to notify a parent or guardian when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Please sign the content below so that we can take appropriate action on behalf of your child. We will take this signed consent card with us to the emergency centre.

I authorize the staff or person(s) in charge of _____ to take my child to the nearest emergency
(name of child)
 centre; or summon an ambulance for emergency medical aid, should, in the opinion of the person(s) in attendance, feel such services are required and I cannot be contacted by phone. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

 Date Signature of Parent/Guardian

 Date Signature of Witness

A partnership between Parkgate Community Services and North Vancouver Recreation Commission. "Providing programs and services through Parkgate Community Centre, Seymour Youth Centre and Seycove Community Centre". Parkgate Community Services 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 in accordance with these legislations. If you have any questions about the collection or use of this information, contact of 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. This card is considered current until December 31st of the year it is completed or until changes are made.