

EMERGENCY - CONSENT CARD

- Save this form to your computer, complete the form then save it to your PC
- Print all 4 pages. Forms cannot be submitted electronically.
- Bring two copies of the first page on the first day.

FIRST NAME LAST NAME GENDER BIRTHDATE

ADDRESS

PARENT / GUARDIAN NAME HOME# WORK# CELL#

PARENT / GUARDIAN NAME HOME# WORK# CELL#

ALTERNATE EMERGENCY CONTACT TEL

CHILD'S DOCTOR TEL

IS YOUR CHILD UP TO DATE ON HIS/HER IMMUNIZATIONS?

ALLERGIES / MEDICATIONS

MEDICAL CONDITIONS

CHILD'S DENTIST TEL

CONSENT FORM

FOR MY CHILD PROVINCIAL HEALTH # / INSURANCE PROVIDER

It is our policy to notify a parent 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 consent below so that we can take appropriate action on behalf of your child. We will take this signed consent with us to the emergency centre.

I authorize the staff or person(s) in charge of my child's program to call a physician; take my child to the nearest emergency 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

PLEASE NOTE:

It is the responsibility of the parent to update emergency information. Please advise staff of any changes.

**Thank you for choosing a Parkgate Community Services Society daycamp for your child
We can't wait to meet you!**

Please Note:

- Please give this form to your camp leader before leaving your child in our care.
- All information on this form is confidential.
- Please contact our Camp Coordinator if you have any questions about this form or the camp your child is registered in.

Please type or print clearly. Please complete this form in full.

PERSONAL INFORMATION (REQUIRED)

Date

CHILD'S NAME

FIRST

LAST

BIRTHDATE

HOME #

HOME ADDRESS

GETTING TO KNOW YOUR CHILD

Please use this section to share with us any information that would help the leaders connect with and support your child.
(For example: best friend has moved, has trouble sleeping, change of custody.)

COMMENTS

CHILDREN REQUIRING EXTRA SUPPORT

- I am aware that if my child needs extra support and / or requires additional support at school, I am required to email nhocevar@myparkgate.com at the time of registration.

MEDICATIONS

- I am aware that if my child brings medication to camp, I am required to contact the Camp Coordinator in advance of camp. This includes: epi-pens, in-haler or other medication.

Please note: All medications must be accompanied by a signed "permission to administer medication" form.

CHILD'S NAME FIRST LAST

PERMISSION FOR PICKUPS

PICK-UP POLICIES

When you sign your child in, note on the sign-in form who will be picking your child up from the program and provide their phone number.

If your child is not picked up on time, we will call the people listed below, until we reach someone who is able to pick up your child. Please note we will not release your child to any person(s) for whom we do not have verbal or written permission.

SAFE RELEASE OF CHILDREN

In order to ensure a safe arrival and departure for children in our camps and to facilitate sharing of information, we require that all children be **signed in and out by a parent/guardian at the beginning and at the end of every day.**

MY CHILD MAY BE RELEASED BY THE FOLLOWING PEOPLE. PLEASE LIST YOURSELF AND TWO ALTERNATES (FRIENDS OR FAMILY MEMBERS)

PARENT/GUARDIAN	<input type="text"/>			
HOME #	<input type="text"/>	WORK #	<input type="text"/>	CELL # <input type="text"/>
ALTERNATE 1	<input type="text"/>	RELATIONSHIP TO CHILD	<input type="text"/>	
HOME #	<input type="text"/>	WORK #	<input type="text"/>	CELL # <input type="text"/>
ALTERNATE 2	<input type="text"/>	RELATIONSHIP TO CHILD	<input type="text"/>	
HOME #	<input type="text"/>	WORK #	<input type="text"/>	CELL # <input type="text"/>

PERMISSION FOR OUTTRIPS

- By checking this box, I hereby give consent to the staff of Parkgate Community Services Society to take my child on outings using the following mode of transportation:
- WALKING PCSS VEHICLE CHARTER BUS PUBLIC TRANSIT

PERMISSION FOR SUNSCREEN APPLICATION

- By checking this box, I hereby give consent to the staff of Parkgate Community Services Society to apply sunscreen to the exposed areas of my child's skin should they require assistance.

I (Full Name) have completed the daycamp parental consent form on behalf of my child,
listed above, and understand that I give consent by ticking above boxes in lieu of signature, on this date

PHOTOGRAPH RELEASE

I give permission for my child to be photographed and/or videoed by Parkgate Community Services Society for use in online promotional materials including website content and/or social media and/or in printed promotional materials such as brochures or other promotional material.

By making this application and participating in the Parkgate Community Services Society programs the applicant, on behalf of the applicant or the applicant's child, expressly releases Parkgate Community Services Society from all claims arising out of the use of a photograph or video, including claims for invasion of privacy.

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 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 for the above purposes is strictly prohibited.

Name of Child

NAME OF PARENT / GUARDIAN

ADDRESS

PHONE NUMBER

Signature of Parent/Guardian *

DATE