



SUMMER CAMP PARTICIPANT PARENTAL CONSENT FORM

CONTACT INFORMATION

Program title & date _____

Name of participant: _____

Age: _____ Date of birth: _____

Home address: _____

Parent/guardian: _____

Phone # (home): _____ Cell: _____ Work: _____

Emergency contact: (must be different than above)

Phone # (home): _____ Cell: _____ Work: _____

I confirm I (parent/guardian's name) _____ am the legal parent/guardian of (print child's name) _____ and sign this form on his/her behalf.

Parent/guardian's signature: _____

Please print name: _____

I acknowledge that there are risks associated with participation in any physical training, exercise, sports, adventure or activity program. I have informed my child and we understand and accept the risks associated with my child's participation in the program and (where applicable) their use of the facilities, including the risk of personal injury.

I am also aware that there are additional risks in travelling to and from locations where activities are taking place.

I understand that it is the policy of the District of West Vancouver to notify a parent when a child is ill or needs medical attention. I understand and accept that occasionally District staff cannot contact parents and will be required to get immediate help for the child. I acknowledge this and by signing this form I confirm that District staff can take appropriate action on behalf of my child.

I acknowledge that District staff may limit my child's access to the program or facilities in the event of any misuse of the facilities or misconduct on my child's part.

Freedom of Information and Protection of Privacy Act Notice: personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act section 26(c) and will be used only for the purpose of registration for summer camp programs. If you have any questions about the collection and use of this information please contact Legislative Services, Records and Information Management Coordinator at 604-921-3497, District of West Vancouver, 750 17th Street, West Vancouver, BC V7V 3T3.

MEDICAL HISTORY

1. Does your child have any medical history or condition that camp staff need to be aware of?

YES NO

Details:

2. Does your child have any allergies that camp staff need to be aware of?

YES NO

Allergies:

Reaction:

3. Has your child ever had a life threatening allergic reaction or carry an epi-pen?

YES** NO

**If YES, please contact the camp staff or Program Coordinator for an Allergy Action Plan Form to fill out.

**Please note staff cannot provide personal care or administration of medication but we can discuss ways to meet these needs. When appropriate, camp staff may be able to provide assistance with the administration of medication in emergency situations. Advance notification and training are required.*

***This form is primarily for staff use. The standard response in the event of a medical emergency is to call 911 then call the parent or guardian. Information on this form may also be provided to 911 personnel in the event of an emergency.*

ADDITIONAL INFORMATION

1. Does your child have any behavioural history or condition that camp staff need to be aware of?

YES NO

Details: _____

2. Does your child require additional support/care in camp and/or have other special needs? Check 'yes' if your child has full or part-time support of an EA (Education Assistant) in school.

YES NO

Details: _____

4. Does your child wear:

Glasses Contacts

Brace/splint/cast

Hearing aid

Other _____

5. Can your child swim?

YES NO

Please provide any other information about your child that you think may be helpful to camp staff and your child's wellbeing:

3. Does your child speak English?

YES NO

Note: District of West Vancouver staff reserves the right to determine whether a specific camp is suitable for a specific child.

PERMISSION FOR PICK-UP

Children must be picked up by an approved 16y+ contact.

*Children may only check themselves out of camp if they are 12y+ and permission is provided below.

My child (12y+) will be checking themselves out of camp:

YES NO

I give my child (12y+) permission to check themselves out of camp and return home by:

Taking the bus*

Walking home*

Bike/scooter*

Other* _____

The following people are permitted to pick up my child:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Is there anyone who is NOT permitted to pick up your child?

Yes No Name: _____

PERMISSION FOR SUNSCREEN APPLICATION

I hereby give consent to the staff of the District of West Vancouver Community Services to apply sunscreen to the exposed areas of my child's skin, should they require assistance.

Yes

No, I do not give consent for staff to apply sunscreen

E-NEWS SUBSCRIPTION

I would like to receive the Gleneagles Community Centre's E-Newsletter with summer camp updates and information.

Yes My email is: _____

No

This information is confidential. It enables the instructors and guides to reduce the risk of injury or illness complications, as well as to prepare contingency plans in the event that an emergency does occur.

I have honestly disclosed all of the information requested in the questions; and I understand that withholding information may contribute to injury or illness complications, and possibly compromise the care provided in the event of an emergency. If any of the above information changes prior to, or during the program, I will immediately notify the leader.

I, (parent/guardian's name) _____ am the legal parent/guardian of this participant and sign this waiver on his/her behalf.

Signature _____ Date _____