



PARENTAL CONSENT FORM

RECREATION & CULTURE DEPARTMENT

Child's Last Name:

Child's First Name:

PARENTAL CONSENT

I consent to my child's participation in the program. I am aware that there are risks associated with participation in the program, including the risk of injury, and I consent to my child's participation in spite of all risks.

I acknowledge that it is my responsibility to advise the City of Campbell River of any medical or other conditions that may affect my child's participation in the program.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

☐

I have read this Parental Consent Form and understand and accept its terms.

PHOTO RELEASE

Permission is hereby granted for the City of Campbell River to take and use photographs and videos of the above-mentioned participant for promotions and records.

☐

Yes

☐

No

PERSONAL INFORMATION:

Participants Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Parent/Guardian:	<input type="text"/>	Home Phone:	<input type="text"/>
Address:	<input type="text"/>	Postal Code:	<input type="text"/>
Cell Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Parent/Guardian E-mail address: <input type="text"/>			
Emergency Contact:	<input type="text"/>	Phone:	<input type="text"/>
Relationship to Participant:	<input type="text"/>		
What is your child's swimming level or ability? <input type="text"/>			

MEDICAL INFORMATION:

Doctor's Name:	<input type="text"/>	Phone:	<input type="text"/>
BC Medical Number (Care Card):	<input type="text"/>		
Medical Conditions (e.g. Asthma):	<input type="text"/>		
Medications:	<input type="text"/>		

Will staff need to administer medications (including epi-pens)? ☐ Yes *(If yes, contact the centre directly)* ☐ No

Allergies (food, medications, bees, etc):

Does your child have behaviors or a disability that staff should be aware of? ☐ Yes ☐ No

If yes, please list them:

Does your child require extra supports to participate in the program? ☐ Yes ☐ No

PICK UP AUTHORIZATION:

The following individuals (other than the parent/guardian) are authorized to pick up my child at the end of class.

**Children will only be allowed to leave with a parent/guardian or a designated person(s) on the list.*

Name:	Phone:
1. <input type="text"/>	1. <input type="text"/>
2. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	3. <input type="text"/>

My child has authorization to walk home after the program. ☐ Yes ☐ No

**This form must be completed and submit to the Recreation & Culture Department prior to the first day of program. Information gathered from this form is used to insure program leaders can provide your child with high quality service.*