



**The Municipality of Meaford  
Informed Consent/Permission Form For Youth  
Early Dismissal Programs 2014/2015 School Year**

**THIS FORM MUST BE READ & SIGNED BY A PARENT/GUARDIAN OF EVERY CHILD WHO WISHES TO PARTICIPATE.**

**Element of Risk**

Activities and Programs provided on Early dismissal days, such as playing games, watching movie, playing sports, making crafts, and riding bicycles, involve certain elements of risk. While the Municipal staff exercise due diligence in an effort to ensure everyone's safety, personal injury including serious injury up to and including loss of life may occur. The risk of sustaining these types of injuries results from the nature of the activity and can occur without fault of the child or municipal employees/volunteers. By choosing to allow your child to take part in this activity, you are accepting that your child may be exposed to risks.

**Participant Information**

Parent(s)/Guardian Name:		Relationship to Child	
Home Phone #	Cell Phone #	Business Phone #	
Address:			City/Town:
Postal Code:	Email Address:		
<b>EMERGENCY Contact #1:</b> Name	Relation:	Phone #:	
<b>EMERGENCY Contact #2:</b> Name	Relation:	Phone #:	

**Child #1 Information:**

Last Name:	First Name:	M/F:	Age:
Birthdate:(M/D/Y)	Grade (2014/2015 school year)	Health Card #	
Any allergy/medical information which the staff should be aware of regarding the health or activity of your child: If yes, please explain			Yes No
\$2.00 Participation Fee Collected:			

**Child #2 Information:**

Last Name:	First Name:	M/F:	Age:
Birthdate:(M/D/Y)	Grade (2014/2015 school year)	Health Card #	
Any allergy/medical information which the staff should be aware of regarding the health or activity of your child: If yes, please explain			Yes No
\$2.00 Participation Fee Collected:			

**Picture Information:**

By completing and signing this form, you grant permission for the reasonable use of pictures containing the participant(s) named above in any or all of the following ways: Brochures, Bulletin Boards, Municipal Reports, Newsletters, Power Points, Promotional Material, Website

(Optional) I **do not** give permission for photos to be used for future promotional use

**Release Statement:**

I, the parent or guardian named below, authorize the ministry staff of The Municipality of Meaford to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant(s) named above. I undertake and agree to indemnify and hold blameless the Municipal staff, The Municipality of Meaford, and Council from and against any loss, damage or injury suffered by the participant(s) as a result of being part of the program/activity stated above at. The Municipality of Meaford as well as of any medical treatment authorized by the supervising individuals representing the Municipality.

I have read, understood and agree with the above and sign it to cover my child(ren)'s participation in the Program/Activity listed above.

<b>Parent or Guardian Name</b> (please print)	<b>Signature:</b>	<b>Date:</b>
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**Purposes and Extent:**

The Municipality of Meaford is collecting and retaining this personal information for the purpose of enrolling your child in our Programs/Activities. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish The Municipality of Meaford to limit the information collected, or to view your child's information, please contact us at 519-538-1060 \*1413