

PARENTAL CONSENT FORM

<i>CHILD'S LAST NAME</i>	<i>CHILD'S FIRST NAME</i>
-------------------------------------	--------------------------------------

If your child has any medical, or other conditions which may affect your child's participation in the program, please contact the applicable Centre one week prior to start of program for appropriate arrangements to be made.

The City of Richmond (the "City") and its Community Partners*

Name of Child: _____ Date of Birth: _____

Program Name _____ Program Number(s) _____

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 such risks.

I acknowledge that it is my responsibility to advise the City of any medical or other conditions which 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.

Permission is hereby Granted or Denied (please check appropriate box) for the City of Richmond and/or its Community Partners to take and use photographs of the above-mentioned child for promotions and records.

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____
(please print)

- | | |
|---|--|
| <p>* South Arm Community Association
City Centre Community Association
Steveston Community Society
Thompson Community Association
West Richmond Community Association
Richmond Arenas Community Association</p> | <p>East Richmond Community Association
Hamilton Community Association
Richmond Art Gallery Association
Richmond Nature Park Society
Sea Island Community Association
Richmond Museum Society</p> |
|---|--|

PLEASE FILL OUT OTHER SIDE



PARENTAL CONSENT FORM

*This portion of the form to be filled out for children's & teens' daycamps/ out trips and **must be submitted to the applicable centre one week prior to start date of the program***

Name	Age	
Parent/Guardian (Print Name)	Work Phone Home Phone	Cell Phone
Parent/Guardian (Print Name)	Work Phone Home Phone	Cell Phone

Emergency Contact (Print Name)	Phone No.
--------------------------------	-----------

Any physical or behaviour issues which may affect the participation in activities must be communicated to the Summer Coordinator at the applicable centre one week prior to the start date of the program.

Does your child have allergies ? No Yes Allergic to: _____
 If your child carries medication, where is it kept? _____

Will you require program staff to administer medication (including epi-pens)? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please contact applicable centre directly.	Date of Most Recent Tetanus Shot: _____ Immunizations up to date? No <input type="checkbox"/> Yes <input type="checkbox"/>
--	---

**** Please note that the responsibility for taking proper doses of medication cannot be assumed by staff and remains the sole responsibility of the participant.****

Family Doctor	Phone	BC Medical Number (Care Card)
---------------	-------	-------------------------------

Does the participant require extra support to participate? No Yes *(If yes, please return completed form to the facility front desk as soon as possible. Our Summer Coordinator will contact you to follow up.)*

Does the participant have a swimming level badge? No Yes If yes, please indicate what level they have completed _____

Who (other than Parent/Guardian listed above) has consent to pick up the participant after their program? Name _____ Phone _____	Is there any other information which will help your child have a successful program experience?
1. 2. 3.	

Does your child understand and/or speak English? No Yes What other languages does your child speak _____

PLEASE FILL OUT OTHER SIDE

