

PARENT EMERGENCY CONSENT FORM

- Save this form to your computer, complete the form then save it again.
- Print all 2 pages and hand it to the instructor on the first day of programs.

FIRST NAME LAST NAME SEX BIRTHDATE

ADDRESS

PARENT / GUARDIAN NAME HOME# WORK# CELL#

PARENT / GUARDIAN NAME HOME# WORK# CELL#

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 LAST NAME

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 NVRC 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.

CHILD'S NAME

FIRST

LAST

PERMISSION FOR PICKUPS**PICK-UP POLICIES**

Please sign your child in and out each day. Note on the sign-in form who will be picking your child up from the program and provide their phone number. If your child will be traveling home alone by bus or on foot, you must specify this below.

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.

PLEASE CHECK ONE:

☐ My child has permission to sign-out at the end of the program and walk or take the bus home. (Schoolage children only)

☐ My child will be picked up by a caregiver or parent/guardian (specified on the sign-in sheet)

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

PARENT/GUARDIAN

HOME #

WORK #

CELL #

ALTERNATE 1

RELATIONSHIP TO CHILD

HOME #

WORK #

CELL #

ALTERNATE 2

RELATIONSHIP TO CHILD

HOME #

WORK #

CELL #

PERMISSION FOR OUTTRIPS

☐ By checking this box, I hereby give consent to the staff of the North Vancouver Recreation & Culture Commission to take my child/guardian on outings using the following mode of transportation:

☐ WALKING☐ PUBLIC TRANSIT☐ CHARTER BUS**PERMISSION FOR SUNSCREEN APPLICATION**

☐ By checking this box, I hereby give consent to the staff of the North Vancouver Recreation & Culture Commission to apply sunscreen to the exposed areas of my child/guardian's skin should they require assistance.

I

(Full Name) have completed the parent emergency 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

Signature of Parent/Guardian *