

**\*\*Child will not be able to participate without Emergency Consent Form filled out before program start date. All information must be completed clearly in dark ink. Program staff must have this form before the start of the program. All information on this form is confidential, and the form will be destroyed at the end of the school year. Please print clearly.**

# EMERGENCY - CONSENT CARD

Name \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Birth date \_\_\_\_\_  
 (Surname First Name) (Day/Month/Year)

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Tel \_\_\_\_\_ Work Tel \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Tel \_\_\_\_\_ Work Tel \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact (not parent/guardian) \_\_\_\_\_ Tel \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Tel \_\_\_\_\_

Most Recent Tetanus Shot \_\_\_\_\_ Medical number \_\_\_\_\_

Allergies/Medications \_\_\_\_\_ Medical Conditions \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Tel \_\_\_\_\_

**CONSENT FORM**

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) from **NVRC and NSNH or other organization** to call a physician; 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 me.

**Signature of Parent/Guardian** \_\_\_\_\_

It is the responsibility of the parent to update emergency information. Please advise staff of any changes.

**PHOTOGRAPH CONSENT:**

I, \_\_\_\_\_ **THE PARENT GUARDIAN OF** \_\_\_\_\_

Give permission to staff of the North Vancouver Recreation & Culture Commission and the North Shore Neighbourhood House to take photographs of my child. I agree to allow my child's photograph to be used in any publication pertaining to programs offered by the NVRC or NSNH.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please complete BOTH sides of the consent form before the start of program.**



**PLEASE PRINT CLEARLY**

SCHOOL _____	DIVISION: _____ GRADE: _____	CHILD'S TEACHER: _____
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**Program Name (if known) \*** \_\_\_\_\_

I hereby give consent to the staff of the NVRC & NSNH, or other organization to take my child on outings by public transit, chartered bus, and by walking as only applies to activity.

SIGNATURE: _____	DATE: _____
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**Pick-Up Policies:** Every parent must fill out this section of the Parental Consent form. We require that all children be picked up on time. If you are more than 5 minutes late picking up your child, we will call you at the number you have provided. Please note we will not release your children to any person(s) for whom we do not have written permission. If an unauthorized person arrives to pick up your child, we will contact you via telephone. Failing that, a designated alternate from the list will be called to pick up your child.

**We require parent/guardian to physically sign children out of the program by coming into the school at the end of each activity unless specified otherwise.**

**At the end of each activity, my child will be:** *please CHECK one*

Picked up by a parent/guardian <input type="checkbox"/>	Allowed to dismiss themselves from the program <input type="checkbox"/>
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Attending afterschool care (Ridgeway & Westview only) <input type="checkbox"/>
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SIGNATURE: _____	DATE: _____
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**Being picked up by:** *Please list yourself and two alternates (friends or family members).*

**Yourself:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Name of First Alternate:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #: \_\_\_\_\_

**Name of Second Alternate:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #: \_\_\_\_\_