



FALSE CREEK COMMUNITY CENTRE
1318 Cartwright St. Vancouver BC, V6H 3R8 Phone: 604-257-8195

PARENTAL CONSENT FORM:
FOR PRESCHOOL EXPLORERS DAYCAMP
July 2011 to August 2011

NAME: _____ BIRTH DATE (M/D/Y) _____

ADDRESS: _____ SCHOOL: _____

PARENT/GUARDIAN'S NAME: _____

PHONE #: HOME: _____ WORK: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

PERSON RESPONSIBLE FOR PICKING UP PARTICIPANT: _____

I hereby authorize my son/daughter _____ to participate in the activities sponsored by the False Creek Community Centre.

BASIC MEDICAL INFORMATION (information kept in confidence)

MEDICAL #: _____ DOCTOR: _____

PHONE: _____

- Have you had a *Tetanus Inoculation* or *Booster* in the last 10 years? **Yes / No**

- Have you been under a Doctor's care, or admitted to hospital, in the last 12 months? **Yes / No**

If yes, please specify: _____

- Do you have known *Allergies*: **Yes/ No**

If yes, common reaction: _____

- Do you have a *chronic disability or illness*: **Yes / No**

If yes, please specify: _____

- Do you have *any other conditions* of which you feel the instructor should be aware of? **Yes / No**

If yes, please specify: _____

INDEMNITY AND RELEASE OF LIABILITY

I HEREBY REMISE, RELEASE AND FOREVER DISCHARGE The City of Vancouver, The Vancouver Board of Parks & Recreation, False Creek Community Centre, its employees or agents, of and from all manner of actions, causes of actions, claims and demands of whatsoever nature which my child may have in respect of any injury, loss or expense he/she may sustain arising out of or in any way connected with his/her participation in this program.

Signature of Participant

Signature of Parent/Guardian

Date

PLEASE COMPLETE THE REVERSE SIDE OF THIS CONSENT FORM FOR IT TO BE VALID

**THIS LIST IS FOR YOU, THE PARENT/GUARDIAN, TO MAKE STAFF AWARE OF THE
LIMIT(S) OF YOUR SON/DAUGHTERS PARTICIPATION IN ACTIVITIES FROM:
July 2011 to August 2011**

My son/daughter has my consent to participate in all activities except those listed below. All activities at False Creek Community Centre. Some activities will be held outdoors. (eg. Water Park, Playground etc.)

Week 1 - July 4th to July 8th, 2011	9:00am-12:00pm	\$79	_____
			Signature of Parent/Guardian
Week 1 - July 4th to July 8th, 2011	12:30pm-3:30pm	\$79	_____
			Signature of Parent/Guardian
Week 2 - July 11th to July 15th, 2011	9:00am-12:00pm	\$79	_____
			Signature of Parent/Guardian
Week 2 - July 11th to July 15th, 2011	12:30pm-3:30pm	\$79	_____
			Signature of Parent/Guardian
Week 3 - July 18th to July 22nd, 2011	9:00am-12:00pm	\$79	_____
			Signature of Parent/Guardian
Week 3 - July 18th to July 22nd, 2011	12:30pm-3:30pm	\$79	_____
			Signature of Parent/Guardian
Week 4 - July 25th to July 29th, 2011	9:00am-12:00pm	\$79	_____
			Signature of Parent/Guardian
Week 4 - July 25th to July 29th, 2011	12:30pm-3:30pm	\$79	_____
			Signature of Parent/Guardian
Week 5 - Aug 2nd to Aug 5th, 2011	9:00am-12:00pm	\$64	_____
			Signature of Parent/Guardian
Week 5 - Aug 2nd to Aug 5th, 2011	12:30pm-3:30pm	\$64	_____
			Signature of Parent/Guardian
Week 6 - Aug 8th to Aug 12th, 2011	9:00am-12:00pm	\$79	_____
			Signature of Parent/Guardian
Week 6 - Aug 8th to Aug 12th, 2011	12:30pm-3:30pm	\$79	_____
			Signature of Parent/Guardian
Week 7 - Aug 15th to Aug 19th, 2011	9:00am-12:00pm	\$79	_____
			Signature of Parent/Guardian
Week 7 - Aug 15th to Aug 19th, 2011	12:30pm-3:30pm	\$79	_____
			Signature of Parent/Guardian
Week 8 - Aug 22nd to Aug 26th, 2011	9:00am-12:00pm	\$79	_____
			Signature of Parent/Guardian
Week 8 - Aug 22nd to Aug 26th, 2011	12:30pm-3:30pm	\$79	_____
			Signature of Parent/Guardian

PLEASE COMPLETE THE NEXT PAGE OF THIS CONSENT FORM FOR IT TO BE VALID

1. Any other information that you feel is important in allowing or not allowing your son/daughter to participate in our programs and activities:

Signature of Parent/Guardian

Please notify Daycamp Leaders of any changes to this form that may affect your son/daughters participation in our programs.



Photo Release Form

Photos of participants are often taken in order to document and promote our programs and services. These photos may be used in program brochures, photo displays, and on our Park Board website. We will not release any names or give any other information out regarding the identification of individuals in the photos without their prior consent. This consent form is to obtain permission to use your son/daughter's image ONLY.

Child's Name: _____

Community Centre/ Other Location: _____ False Creek Community Centre _____

I give permission for the image/photo of my son/daughter _____ to be used to promote Vancouver Park Board programs.

Parent's signature: _____

Parent's name (please print): _____

Date: _____



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1318 Cartwright St., Vancouver, B.C. V6H 3R8 Phone 257-8195

PARTICIPANT MEDICAL INFORMATION

Please note that the information contained herein is considered confidential and will only be shared with the trip leader and medical personnel in the event of a medical emergency. This information is important - **PLEASE PRINT CLEARLY.**

PARTICIPANT'S NAME: _____ **BIRTHDATE (d/m/y):** _____

PARENT / GUARDIAN NAME: _____

ADDRESS: _____ **POSTAL CODE:** _____

HOME TEL: _____ **WORK TEL:** _____ **ALTERNATE TEL:** _____

EMERGENCY CONTACT INFORMATION – can be another parent / guardian

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **POSTAL CODE:** _____

HOME TEL: _____ **WORK TEL:** _____ **ALTERNATE TEL:** _____

DOCTOR'S NAME: _____ **DR'S PHONE:** _____

B.C. CARE CARD PERSONAL HEALTH NUMBER: _____

OTHER HEALTH/MED. INSURANCE: _____ **NUMBER:** _____

Is your Child subject to any of the following? (circle)

Severe Asthma

Diabetes

Seizure Disorder/Epilepsy

ADD / ADHD

Other

If yes, please give additional information: _____

ALLERGIES: **LIFE THREATENING/ANAPHYLAXIS** or **Non life threatening** or **None**

Foods _____ Animals _____

Insects _____ Grasses/Pollens _____

Drugs _____ Other _____

Describe what happens during a reaction: _____

In the event of a reaction, what actions are necessary? _____

Has your child ever been hospitalized due to a reaction: Yes / No If yes, when? _____

What, if any, medication does your child carry for their allergy? _____

Has your child been under a **DOCTOR'S CARE** in the last 12 months? Yes / No If **YES**, for what reason?

Does your child suffer any **PHYSICAL LIMITATIONS**? _____

Does your child have any **PSYCHOLOGICAL LIMITATIONS** (Eg. fear of heights, fear of water, etc) If yes, describe:

Does your child experience any **BED TIME / SLEEPING DIFFICULTIES**? If yes, describe: _____

Does your child have any **DIETARY RESTRICTIONS**? If yes, describe: _____

Has your child ever had any **MAJOR ILLNESSES, INJURIES, or OPERATIONS**? Yes / No If **YES**, describe:

Is your child taking **ANY PRESCRIPTION OR NON-PRESCRIPTION DRUGS**? Yes / No

If **YES**, What drug? _____ How frequently? _____

When was your child's last **TETANUS** Inoculation or Booster (d/m/y)? _____

****[Tetanus shot must be current (within last 10 years) for **ALL** overnight wilderness trips]****

EYESIGHT: Excellent Good Fair Poor Glasses Contacts Laser Eye Surgery

HEARING: Excellent Good Fair Poor Require Electronic Hearing Aid

SWIMMING ABILITY: None Minimal Able to swim 25m Able to swim 100m Able to swim 1 km

How often does your child swim? Daily Weekly Monthly Several times per year Rarely

Do they have any swimming qualifications? _____

IMPORTANT NOTES

1. If your child wears **glasses** bring a second pair in case their first pair is broken or lost.
2. If your child wears **contacts** send a pair of glasses as back-up.
3. If your child is bringing **medication**: *A.* Check the expiry *B.* Send complete second set (that the instructor can carry) in case the first set is damaged or lost. *C.* Ensure all medication is labeled with child's name, drug name, dosage and expiry. *D.* Check with doctor/pharmacist regarding any contraindications or storage restrictions that might be affected by this trip.
4. We may treat our **drinking water** with iodine, chlorine or by boiling. Chemicals are not effective against Cryptosporidium. We recommend that immune compromised people bring an appropriate filter for their trip.

I confirm that the above information is correct and I hereby give consent and full authority for the staff of False Creek Community Centre to arrange for and consent to any medical treatment or hospitalization for my child/ward while he/she is in the care of the community centre. I further authorize these staff members to enter into and execute, on my behalf, such documents or consents as may be required by Medical Practitioners, Health Care Professionals or Hospitals for such purposes.

I understand that it is my responsibility to inform the staff of *False Creek Community Centre* of any new medical condition or change to the information provided as early as possible.

SIGNATURE OF PARENT/ GUARDIAN _____ DATE (d/m/y): _____

PRINT NAME: _____ RELATIONSHIP TO MINOR: _____