

EMERGENCY - CONSENT CARD

Print Form

- Save this form to your computer, complete the form then save it again
- Print the form, then date and sign. Bring the signed form to your child's program
- Please bring a different form to each program as forms are not transferred between programs
- This form is available at recreation centres, if you do not have a printer

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:

1. It is the responsibility of the parent to update emergency information. Please advise staff of any changes
2. This information is confidential and be kept on file until the end of the program. This form can be returned to you or will be destroyed 15 weeks after programs have concluded.