

EMERGENCY - CONSENT CARD

- Save this form to your computer, complete the form then save it again
- Print all 4 pages. Sign pages 1, 3 and 4. Forms cannot be submitted electronically.
- Bring a copy to each new program. Forms are not transferred between facilities.

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 camp services have concluded.

**Thank you for choosing an NVRC daycamp for your child
We can't wait to meet you!**

Please Note:

- Please give this form to your camp leader before leaving your child in our care.
- All information on this form is confidential.
- Forms will be shredded fifteen weeks after camp services end each season. Photo releases will not be shredded.
- Please contact our camp supervisors if you have any questions about this form or the camp your child is registered in.

Please type or print clearly. Please complete this form in full

PERSONAL INFORMATION (REQUIRED)

Date

CHILD'S NAME

FIRST

LAST

HOME #

HOME ADDRESS

GETTING TO KNOW YOUR CHILD

Please use this section to share with us any information that would help the leaders connect with and support your child.
(For example: best friend has moved, has trouble sleeping, change of custody, change of medication, etc.)

COMMENTS

CHILDREN WITH DISABILITIES

I am aware that if my child has a disability, I am required to email daycampsupport@northvanrec.com at the time of registration.

MEDICATIONS

I am aware that if my child brings medication to camp, I am required to contact the recreation programmer in advance of camp.
This includes: epi-pens, in-haler or other medication

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 Van

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 daycamp parental 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 *

PHOTO AND MEDIA CONSENT AND RELEASE

I hereby grant the North Vancouver Recreation & Culture Commission, its representative and employees the right to take photographs, video and/or audio recordings of my child while participating in NVRC programs. I hereby give my consent for the NVRC to collect, use, reproduce, share and publish such photographs, video and audio recordings in whole or in part, for any lawful purpose, including such purposes as publicity, advertising, promotion, editorial, website content, public displays or exhibitions; including but not limited to the NVRC website, social media platforms such as Facebook and Youtube, and printed material such as advertisements and the NVRC Leisure Guide.

I acknowledge and agree that with respect to such photographs, videos and/or audio recordings: no compensation will be asked for now or in the future for its use; the copyright is and will remain the exclusive property of the NVRC; I waive my right to inspect or approve prior to its use and publication; if published, it may be seen worldwide, and the NVRC is not responsible or liable for any third party distribution or use.

On behalf of my child, I HEREBY RELEASE the NVRC, the District of North Vancouver (DNV), and the City of North Vancouver (CNV) from any claims that my child or myself may have from the use of the photographs, video and/or audio recordings including, without limitation, any and all claims for libel or violation of any right of publicity or privacy and agree to indemnify and hold harmless the NVRC, DNV and CNV from and against all Claims suffered or incurred or brought against the NVRC, DNV, the CNV or any directors, or employees thereof by reason of the use of the photographs, video and/or audio recordings by NVRC.

NAME OF CHILD

NAME OF PARENT / GUARDIAN

ADDRESS

PHONE NUMBER

Signature of Parent/Guardian *

DATE