

PARENTAL CONSENT FORM

<i>CHILD'S LAST NAME</i>	<i>CHILD'S FIRST NAME</i>
If your child has any medical or other conditions, which may affect your child's participation in the program, please contact the applicable Centre one week prior to start of program for appropriate arrangements to be made.	
The City of Richmond (the "City") and its Community Partners*	
Name of Child: _____	Date of Birth: _____
Program Name _____	Program Number(s) _____
I consent to my child's participation in the Program. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks.	
I acknowledge that it is my responsibility to advise the City of any medical or other conditions which may affect my child's participation in the Program.	
In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.	
Permission is hereby Granted <input type="checkbox"/> or Denied <input type="checkbox"/> (please check appropriate box) for the City of Richmond and/or its Community Partners to take and use photographs of the above-mentioned child for promotions and records.	
I have read this Consent Form and understand and accept its terms.	
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Name: _____ (please print)	
* South Arm Community Association City Centre Community Association Steveston Community Society Thompson Community Association West Richmond Community Association Richmond Arenas Community Association	East Richmond Community Association Hamilton Community Association Richmond Art Gallery Association Richmond Nature Park Society Sea Island Community Association Richmond Museum Society

PLEASE FILL OUT OTHER SIDE

PARENTAL CONSENT FORM

<i>This portion of the form to be filled out for children's & teens' daycamps/ out trips and must be submitted to the applicable centre one week prior to start date of the program</i>		
Name	Age	
Parent/Guardian (Print Name)	Work Phone Home Phone	Cell Phone
Parent/Guardian (Print Name)	Work Phone Home Phone	Cell Phone
Emergency Contact (Print Name)		Phone No.
Any physical or behaviour issues which may affect the participation in activities? Contact the applicable centre one week prior to start date of program. Does your child have allergies? No <input type="checkbox"/> Yes <input type="checkbox"/> Allergic to: _____ If your child carries medication, where is it kept? _____		
Family Doctor	Phone	BC Medical Number (Care Card)
Does the participant require extra support to participate? No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(If yes, please return completed form to the facility front desk as soon as possible. Our Summer Integration Coordinator will contact you to follow up.)</i>		
Will you require program staff to administer medication (including epi-pens)? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please contact applicable centre.		Date of Most Recent Tetanus Shot: _____ Immunizations up to date? No <input type="checkbox"/> Yes <input type="checkbox"/>
** Please note that the responsibility for taking proper doses of medication cannot be assumed by staff and remains the sole responsibility of the participant.** (If you will require staff to administer medication, please contact the applicable Centre directly)		
Does the participant have a swimming level badge? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please indicate what level they have completed _____		
Who has consent to pick up the participant after their program? Name 1. 2. 3.	Phone	Does your child understand and/or speak English? No <input type="checkbox"/> Yes <input type="checkbox"/> What other languages does your child speak?
Is there any other information which will help your child have a successful program experience?		

PLEASE FILL OUT OTHER SIDE