



Child's Last Name: _____ Child's First Name: _____

If your child has any medical or other conditions that may affect your child's participation in a City of Richmond program, please contact the applicable centre one week prior to the start of the program so that appropriate arrangements can 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 above program. I am aware that there are risks associated with participation in the above 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 that may affect my child's participation in the above 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 or [] Denied (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 Parental Consent Form and understand and accept its terms.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____
(please print)

- * City Centre Community Association
East Richmond Community Association
Hamilton Community Association
Richmond Arenas Community Association
Richmond Art Gallery Association
Richmond Museum Society

- Richmond Nature Park Society
Sea Island Community Association
South Arm Community Association
Steveston Community Society
Thompson Community Association
West Richmond Community Association

*This portion of the form is to be filled out for children and youth daycamps and out trips and **must be submitted to the applicable centre one week prior to start date of the program.***

Name: _____ Age: _____

Parent/Guardian: _____ Work Phone: _____ Cell Phone: _____ Home Phone: _____
(Print Name)

Parent/Guardian: _____ Work Phone: _____ Cell Phone: _____ Home Phone: _____
(Print Name)

Emergency Contact: _____ Phone No.: _____
(Print Name)

Any physical or behaviour issues that may affect your child's participation in activities must be communicated to the Community Facilities Coordinator at the applicable centre one week prior to the start date of the program.

Does your child have allergies? No Yes If yes, allergic to: _____

If your child carries medication, where is it kept? _____

Will your child require program staff to administer medication (including epi-pens)? No Yes *(If yes, please contact applicable centre directly.)*

Date of most recent tetanus shot: _____ Are your child's immunizations up-to-date? Yes No

Please note that the responsibility for taking proper doses of medication cannot be assumed by staff and remains the sole responsibility of the participant.

Family Doctor: _____ Phone: _____

BC Medical Number (Care Card): _____

Does your child require extra support to participate in the program? No Yes *(If yes, please return completed form to the facility front desk as soon as possible. A Community Facilities Coordinator will contact you to follow up.)*

Does your child have a swimming level badge? No Yes If yes, please indicate what level they have completed: _____

Who (other than Parent/Guardian listed above) has consent to pick up your child after the program?

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

Does your child understand and/or speak English? No Yes What other languages does your child speak? _____

Is there any other information that will help your child have a successful program experience?