



**THIS IS AN IMPORTANT DOCUMENT. PLEASE HAVE SOMEONE TRANSLATE IT FOR YOU.
CE DOCUMENT EST IMPORTANT, VEUILLEZ LE FAIRE TRADUIRE.**

這是重要的通告，希請人譯讀。
ਇਹ ਇੱਕ ਮਹੱਤਵਪੂਰਨ ਦਸਤਾਵੇਜ਼ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਇਸਨੂੰ ਤੁਹਾਡੇ ਪਿਛਰਾ ਅਨੁਵਾਦ ਕਰਵਾਓ।

COVID-19 INFORMED CONSENT & PERMISSION FORM **BY SIGNING THIS DOCUMENT, YOU AND YOUR CHILD'S** **LEGAL RIGHTS MAY BE AFFECTED. PLEASE READ CAREFULLY!**

COVID-19 is new for all of us. The City of Richmond has responded to the pandemic by closing our facilities and amenities. We are now responding to the direction to reopen our facilities and offer services to our community cautiously, with the safety of our staff and community being our priority. COVID-19 remains a threat to our local health and safety. We know the following (this list is not intended to be exhaustive):

1. COVID-19 has caused community transmission of a serious communicable and potentially fatal disease known as COVID-19 amongst the population of the Province of British Columbia;
2. Our public health officials have determined this constitutes a regional event as defined in section 51 of the *Public Health Act*;
3. A person infected with COVID-19 can infect other people with whom the infected person comes into contact with; and
4. The gathering of people in close contact with one another can promote the transmission of COVID-19 and increase the number of people who develop COVID-19.

We cannot be certain that a person (of any age) will not contract COVID-19 at one of our facilities and/or while participating in one of our programs, but we have taken the steps required to develop our COVID-19 Safety Plan, which is available for your review at:

<https://www.richmond.ca/safety/COVID-19/covid-safety.htm>

We have implemented our COVID-19 Safety Plan and will be applying our policies and procedures, but **the risk remains that a COVID-19 outbreak could occur despite our best efforts.**

It is vital that no person who feels sick in any way visit any of our facilities and/or utilize any of our services. We do not employ health professionals and do not screen for potential illness. It is also vital that no person bring a child to any of our facilities if the child is feeling unwell or showing any symptoms of illness. Again, we do not screen for same.



For our camps and other programs for persons age 18 and under, we will not be enforcing physical distancing amongst the participants. We will be reducing the number of registrants in each program compared to our standard practices. We will emphasize hygiene and provide for handwashing as registrants begin and end their days in our programs. However, it is vital that registrants be permitted to play and this includes games where there will be touching (such as tag) and use of playground equipment. Most or all activities will take place outdoors. If your preference is solely for outdoor activity, please select a program for your child that provides the same. It is vital that any person who believes that they may have become ill or their child may have become ill within 14 days of visiting one of our facilities and/or while taking part in one of our programs report this immediately to us by contacting the Registration Call Centre, Monday to Friday from 8:30am to 5:00pm at 604-276-4300 and seek appropriate medical attention by first calling 8-1-1.

We may share personal information for the purposes of contact tracing if the need arises. To attend our facilities and/or take part in our programs and/or send a child to same, you must consent to the same. Please do not allow your child to participate in any of our activities or programs if your child has:

- experienced cold or flu-like symptoms within the last 14 days;
- been in close contact with anyone else who has had these symptoms in the last 14 days; or
- been in close contact with anyone else who has travelled outside of Canada in the last 14 days.

Please note: If your child is displaying symptoms of respiratory distress or illness, they will be asked not to participate.

It is vital that we all be calm and compassionate throughout this pandemic. Any person who exhibits any aggression towards our staff or any other person in one of our facilities and/or programs will be asked to leave and not return.



Please PRINT all information & fill out all applicable sections completely. Please submit this form prior to the start of program.

A. PERSONAL INFORMATION: (please ensure all phone numbers can be reached during program)

Participant's Name _____

Date of Birth _____ Age: _____

Parent/Guardian _____ Phone # _____

Parent/Guardian _____ Phone # _____

Email Address _____

In case of emergency, please contact: (other than parent/guardian)

Name _____	Name _____
Relationship _____	Relationship _____
Phone # _____	Phone # _____

B. MEDICAL INFORMATION:

Family Doctor _____ Phone # _____

Valid BC Medical Number _____

(if you do not have a valid BC Medical Number, please consent below)

I consent to my child's participation in City of Richmond programs without medical insurance and understand any medical bills that arise from my child's participation will be at my expense. Select one: YES NO

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. Select one: YES NO

Does your child require extra support in the program? Select one: YES NO

If yes, please describe: _____

Does your child have any allergies? (food, medication, environment) Select one: YES NO

If yes, please identify: _____

If allergy medication is required, you must complete 'Allergy Emergency Action Plan' form

Does the participant require medication(s) that need to be administered during the program?

Select one: YES NO **If yes, you must complete the "Permission to Administer Medication" form.**

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



B. MEDICAL INFORMATION: (continued)

Are your child's immunizations up to date? Select one: YES NO

Date of most recent tetanus shot _____

Does the participant have any allergies or sensitivity to sunscreen?

Select one: YES NO

Do you consent for your child to apply sunscreen (provided by home or program)?

Select one: YES NO

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 program(s). Select one: YES NO

C. PARENT/GUARDIAN CONSENT:

Your child will be involved in a number of activities as part of this program. These activities may include, but are not limited to, walking, running, swimming and other sports. While all programs are supervised by trained staff who instruct participants in safety, your child may still get injured, or your child's property may be damaged, as a result of participating in the program.

Knowing and understanding the program, activities and risks, you freely agree to allow the participation of your child in the program. Select one: YES NO

D. PICK UP AUTHORIZATION: (this section is only applicable for Children 0-12 years of age)

The following individuals are authorized to pick up my child at the end of this class. My child will only be released to the individuals listed below. Identification may be required.

Name _____

Name _____

Relationship _____

Relationship _____

Phone # _____

Phone # _____

E. PHOTO RELEASE:

Permission is hereby granted for the City of Richmond and/or its Community Partners to take and use photographs of the above-mentioned child for promotions and records. Select one: YES NO

F. AUTHORIZED RELEASE: (children walking home are recommended to be minimum Grade 2 and up)

My child is permitted to leave unaccompanied at the end of their program. Select one: YES NO



G. RELATED INFORMATION:

Does your child understand and/or speak English? Select one: YES NO

If no, what other language(s) does your child speak? _____

Please indicate what swim level has been completed by your child _____

Is there any other information that will helpful for our staff to ensure that your child have a successful program experience?

H. AUTHORIZATION:

I/we have read, understand and agree to the Informed Consent and Permission Form.	INITIAL HERE	INITIAL HERE
I/we have reviewed the Informed Consent and Permission Form with my/our child and have instructed our child to listen to and follow the instructions provided.	INITIAL HERE	INITIAL HERE
I/we have accurately completed the medical information and will update staff of any changes.	INITIAL HERE	INITIAL HERE

Name of Child	Date
Signature of Parent/Guardian	Signature of Parent/Guardian
Print name clearly	Print name clearly
Telephone Number	Email Address



I. SUBMITTING INFORMED CONSENT AND PERMISSION FORMS:

IMPORTANT: Please email your child’s Informed Consent and Permission Form along with a recent photograph of your child to the facility where your camp is taking place. Please send the Wednesday prior to the start of your child’s camp in order to allow our team time review your submitted information. Our team will send you an email confirmation upon opening of your email.

Alternatively, please bring this completed Informed Consent and Permission Form and a recent photograph of your child to the first day of camp. Thank you in advance for arriving early so that our team is able to review your information.

The completed package must be received before your child can participate in the camp.

Our facility email addresses are:

Facility	Email Address
Arenas (Minoru Arena and Richmond Ice Centre)	arenas@richmond.ca
Arts Centre	artscentre@richmond.ca
Cambie Community Centre	cambie@richmond.ca
City Centre Community Centre	citycentre@richmond.ca
Hamilton Community Centre	hamilton@richmond.ca
Nature Park	nature@richmond.ca
Nature School	natureschool@richmond.ca
Richmond Museum	museumed@richmond.ca
South Arm Community Centre	southarm@richmond.ca
Steveston Community Centre	stevestoncc@richmond.ca
Thompson Community Centre	thompson@richmond.ca
West Richmond Community Centre	westrich@richmond.ca