



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 ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਇਸਨੂੰ ਕੋਈ ਹੋਰ ਵਿਅਕਤੀ ਅਨੁਵਾਦ ਕਰਵਾਉਣ।

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 remains a threat to our local health and safety. As such, the City of Richmond has cautiously restored services for our community on the basis that COVID-19 precautions will be adhered to by individual participants. Safety of our staff and the community remains our priority. We know the following (this list is not intended to be exhaustive):

1. The infectious agent, COVID-19, has caused cases and outbreaks of a serious communicable disease known as COVID-19 among 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; and
5. SARS-CoV-2 transmission and hospitalization rates significantly decline in communities that have a high percentage of vaccinated individuals.

We are operating our facilities in accordance with local and provincial guidance. **The risk remains that a COVID-19 transmission could occur at our facilities despite our efforts.** 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.

It is vital that no person who feels sick in any way visit any of our facilities and/or utilize any of our services. It is also vital that no person brings a child who feels unwell or is showing any symptoms of illness to any of our facilities and/or programs. Individuals who experience symptoms associated with COVID-19 should contact 8-1-1 and follow their guidance.

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

For our camps and other programs, we will not be enforcing physical distancing amongst the participants or reducing the number of registrants in each program compared to our standard practices. We will emphasize hygiene and provide for handwashing 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.

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.

If you would like more information regarding the risks associated with COVID-19 for children, please review the following BC CDC publications:

- 1. COVID-19 Public Health Guidance for K-12 School Settings:
www.bccdc.ca/Health-Info-Site/Documents/COVID_public_guidance/Guidance-k-12-schools.pdf
- 2. COVID-19 Public Health Guidance for Child Care Settings:
www.bccdc.ca/Health-Info-Site/Documents/COVID_public_guidance/Guidance_Child_Care.pdf

I/we have read, understand and agree to the Informed Consent and Permission Form.	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

Name of Child: _____ Date: _____

Signature of Parent/Guardian: _____ Printed Name: _____

Signature of Parent/Guardian: _____ Printed Name: _____

Email: _____ Phone: _____

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: _____

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

I/we have accurately completed the medical information and will update staff of any changes.

INITIAL HERE

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:

Phone: _____

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. 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 program or camp.***

Our facility email addresses are:

- 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