

CHILD(ren) INFORMATION / INFORMED CONSENT FORM

Please fill out the following pages, and return to program

Note: Please Print. If something does not apply, please write N/A in that space. Do not leave empty spaces.

1st Child's Name: _____ **Birth Date:** _____

Medical Condition or Allergies: (drug, food etc.) _____

2nd Child's Name: _____ **Birth Date:** _____

Medical Condition or Allergies: (drug, food etc.) _____

3rd Child's Name: _____ **Birth Date:** _____

Medical Condition or Allergies: (drug, food etc.) _____

**FOR THE BENEFIT AND SAFETY OF YOUR CHILD PLEASE INFORM STAFF OF ALL HEALTH CONCERNS
i.e. all types of allergies, hearing or visual impairment i.e. A.D.D. etc.**

Does your child(ren) require a support worker at school? Yes ☐ or No ☐

If you answered yes to this question, you will require a worker when your child(ren) attends program.

Does your child(ren) have an Epi-Pen® or equivalent product? Yes ☐ or No ☐

If you answered yes to this question, please inform staff at registration, as there is an additional form to be completed prior to your child entering program.

Does your child(ren) have medication that she/he will be bringing to the program? Yes ☐ or No ☐

If you answered yes to this question, please inform staff at registration, as there is an additional form to be completed prior to your child entering program.

FAMILY/GUARDIAN INFORMATION:

Name of Parent/Guardian#1: _____ **Home Telephone:** _____

Home Address: _____ **Postal Code:** _____

Work: _____ **Cell:** _____ **E-mail:** _____

Name of Parent/Guardian#2: _____ **Home Telephone:** _____

Home Address: _____ **Postal Code:** _____

Work: _____ **Cell:** _____ **E-mail:** _____

FOR EMERGENCY PURPOSES (if parents/guardians, are not available)

Name: _____ **Relationship:** _____ **Phone#:** _____

Name: _____ **Relationship:** _____ **Phone#:** _____

Physician: _____ **Phone#:** _____

I authorize the City to seek or provide such emergency medical treatment to the person(s) listed above, which may become necessary during participation in the activity. I also understand and agree that in the event of injury or otherwise I will pay for all expenses incurred thereby.

Parents/Guardian's Signature

Date

IMPORTANT – SUPERVISION OF CHILD(REN) – This section is not for pre-school programs

Participants, who walk home alone, will sign themselves out and will be released by staff at the end of the regular program unless staff are instructed otherwise by a parent or guardian.

Parents/Guardians must fill out the appropriate space below for child(ren), regardless of age, to sign themselves in and out of the program.

Please read and answer the following questions:

My child(ren) may sign themselves out of program(s) Yes _____ No _____

My child(ren) may walk home without supervision Yes _____ No _____

My child may **walk to a program location*** off site with staff during program times.

*Program location is defined as a neighboring park, playground, area or venue where programming will be provided by program staff. Yes _____ No _____

SIGN IN/OUT PERMISSIONS

At pick-up time, the child(ren) will remain with staff. The person who is picking up the child(ren) must confirm with staff who they are picking up. The parent/guardian must officially sign-out your child(ren) prior to their departure.

LIST OF PEOPLE PICKING CHILD(REN) UP

In order to ensure that the proper people retrieve children, we ask that a list of people who are allowed to pick up the child be filled out at the bottom of this letter. **Unless prior arrangements have been made, the child will not be released to anyone who is not on this list.** Identification may be required for those picking up the child(ren). Please note that this list can be changed at any time please see staff to change your pick-up list.

Children may be at risk in a public place. Parents/guardians are advised that Parks and Recreation staff are not responsible for the supervision of children who are left unattended on the premises, preceding and at the conclusion of any Parks and Recreation Department program or activity. It is the parent's /guardian's responsibility to ensure adequate supervision according to the Child and Family Services Act, R.S.O. 2000, as amended. Failure to provide adequate supervision may result in Children's Aid Society or Police involvement. Leaving a child unsupervised is not acceptable, regardless of whether or not the child is happy and comfortable.

Please fill out the appropriate name(s) of the person(s) who may pick-up the child. Photo identification may be required.

Child(ren)'s Names: _____

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Other: _____ Relationship to child: _____

Other: _____ Relationship to child: _____

I understand that if my child(ren) is unsupervised either preceding or after the conclusion of any Parks and Recreation program or activity, that the child(ren) is not in the care of the City of Brantford's Parks and Recreation Department. I understand these statements above and agree that my responses are accurate.

Parent's/Guardians signature

Consent for Photograph(s)/Video Taping

_____ **No, I do not give permission for photos/videos** to be taken/used by the Parks and Recreation Department

_____ **Yes, I give permission for the photograph(s) to be used (please fill out following information)**

Personal information on this form is collected under the authority of the Municipal Act 2001, S.O. 2001,c.25, as amended and will be used to administer individual consent for use of video and/or audio recordings and photographs. Questions about this collection should be directed to: **Main office, 1 Sherwood Drive, Brantford, Ontario N3T 1N3**

Consent for a Minor:

I, _____ (first and last name of parent/legal guardian) hereby provide consent to The Corporation of the City of Brantford ("City") to use the image of my _____ (state relationship, e.g. son, daughter) for the City's communication and promotional purposes. The City may, at any time, reproduce, publish and/or republish the video/photograph(s) or any portion thereof on the City's websites and the distribution of the City's communication and/or promotional materials on which the video/photograph(s) is used to any third party. However, the City shall not, at any time, sell or transfer the rights to use my image on video/photograph(s) to any third party without my express consent.

(Minor on video/photograph(s) full name clearly printed)

(If applicable, second Minor on video/photograph(s) full name clearly printed)

(Please provide main contact phone number)

Signed and dated on the _____ day of _____, 2____.

ILLNESS

I understand that my child may be excluded from a Brantford Parks and Recreation program or facility if he/she has contracted a contagious illness or a condition that could affect the health and safety of others, or if his/her continued participation in an activity or program could have negative implications for his/her own health and safety. Brantford Parks and Recreation follows the guidelines developed by the Brant County Health Unit Illnesses and Contagious Health Conditions. **Please initial:** _____

RELEASE FROM LIABILITY:

I hereby release the Corporation of the City of Brantford from all actions, claims and demands for damages, loss or injury arising from any accidents which may be caused by or arise from participation by the applicant named in any program or in any facility or at any location where a program is being held.

No acceptance permitted unless signed below. Please initial: _____

****Please sign below that you have read and understand the statements above and agree that your responses are accurate.**

Parent/Guardian Signature

Parent Name (please print)

Date

BEHAVIOUR ACTION PLAN

Please read and review the following Behaviour Action Plan with your child(ren) prior to entering the program.

<i>Mild – Moderate</i>	<i>Severe</i>
<ul style="list-style-type: none"> • Rude, talking back • Not following the rules of the game • Disobeying • Not listening to leaders instructions • Name calling 	<ul style="list-style-type: none"> • Bullying • Any violent act which harms another camper or staff • Inappropriate slurs or racial remarks • Degrading or non-welcoming behaviour • Harassing others • Any mild-moderate recurring events • Stealing, kicking, biting, punching or swearing • Vandalism in or outside the building or equipment
<i>Action</i>	<i>Action</i>
Will receive 1-3 warnings, depending upon the severity of their actions and will have a letter sent home each time for the parents to sign and return before attending the program again.	Parents will be called immediately and child will be sent home and not return to the program until further notice.

Please sign that you have read and understood our Behaviour Action Plan.

Parent/Guardian Signature

Parent Name (please print)

Date

PROGRAM INFORMATION:

<i>Child's name</i>	<i>Program</i>	<i>Date/Session</i>	<i>Location</i>

OFFICE USE ONLY:

Form Reviewed/Updated by Guardian:

Signature _____ Date: _____

Signature _____ Date: _____

Signature _____ Date: _____

NOTES: _____

