

EMERGENCY INFO & CONSENT FORM



Child Name: _____

EMERGENCY CONTACT INFORMATION

I. Parent/Guardian name: _____

Phone number for emergency use: Home #: _____

Work #: _____

II. Alternate contact name: _____

Relationship: _____

Phone number for emergency use: Home #: _____

Work #: _____

In the event that my child is ill or injured, and either the alternate contact or myself cannot be reached, I give consent to have my child taken to the emergency department of Thompson General Hospital. ****Any costs incurred as a result of taking the child to the hospital (ambulance, taxi, medication etc.) are the responsibility of the parent.**

Manitoba Health Number: _____ PIN _____

- Please indicate if your child uses an: _____ Epi-pen _____ Asthma inhaler
_____ Other medication, Name of medication: _____
If Checked, the Authorization for Administration of medication form must be completed. Staff will provide form.

• Known Allergies: _____

• Additional Health info (non-medicated conditions & Medication taken outside camp hours):

• Are there any health, physical, psychiatric or behavioural issues/concerns staff should be aware of _____ No _____ Yes _____ If Yes, Please explain _____

_____ Initial Here _____

PICTURE CONSENT

I hereby grant permission for photographs of my child to be used for promotional and/or programming purposes.

Initial Here _____

OUTDOOR ACTIVITIES

I hereby allow my child to participate in all outdoor activities. This will include swimming at the Norplex Pool, visits to parks, the zoo and other places of interest to the children. ****Swimsuits and a towel, marked with their name should be brought daily. Unless otherwise notified the children will walk to all outdoor activities.**

Initial Here _____

CHILD RELEASE

Please check the following that applies to the release of your child:

Can leave alone Pick up by whom: _____ (My child may be released into the custody of only the following unless I notify the Day camp Coordinator)

Initial Here _____

Parent/Guardian Signature

Date