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| --- | --- | --- | --- | --- |
| **Child 1 Name:** |  | | **Birthdate:** |  |
| **Child’s Home Address:** | |  | | |

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| --- | --- | --- | --- | --- |
| **Child 2 Name:** |  | | **Birthdate:** |  |
| **Child’s Home Address:** | |  | | |

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| --- | --- | --- | --- | --- |
| **Mother/Guardian**  **Name:** | |  | **Home Address:** |  |
| **Phone:** |  | | **Work #:** |  |
| **Email:** |  | | | |

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| --- | --- | --- | --- | --- |
| **Father/Guardian**  **Name** | |  | **Home Address:** |  |
| **Phone:** |  | | **Work #:** |  |
| **Email:** |  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contact**  **Name:** | |  | | | **Home Address:** |  |
| **Phone:** |  | | **Cell:** |  | **Work #:** |  |
| **Email:** |  | | | | | |

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| --- | --- | --- | --- |
| **Medications & Health Information** | | | |
| Medication Required (epi pen, puffer, etc.)? | | □ Yes □ No | Type: |
| Name of Medication (Please complete medication form: | | □ Yes □ No | Name Of Medications: |
| Relevant Health information (Medical Condition (s)? | | □ Yes □ No | Conditions: |
| Allergies | □ Yes □ No | Please list Allergies: | |

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| --- | --- |
| Dates Needed |  |
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| **Consent to Emergency First Aid & Transportation** | | | |
| I hereby give permission that my child listed above may be given emergency treatment by a staff member from this program deemed necessary. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold this program and its employees harmless. Any costs associated to medical care and treatment (including ambulance fees) will be the responsibility of the parent/guardian. | | | |
| **Signature** |  | **Date** |  |
| Consent to Medical Care and Treatment | | | |
| In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold this program and its employees harmless. | | | |
| Signature |  | Date |  |

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| \* Any costs associated to medical care and treatment (including ambulance fees) will be the responsibility of parent/guardian. |

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| 1 | I have been advised of the program activities and health considerations and I am aware that there are certain risks inherent in my child's participation in the program activities. | | | | |
| 2 | I understand that every care and attention will be given to the health and comfort of the participant, and that Klorious kids center Board and Staff cannot be held liable for any injuries sustained. | | | | |
| 3 | I understand that if my child displays ANY symptoms of illness, they will be isolated from the other children and I must arrange pickup within 30 minutes of being contacted. | | | | |
| 4 | I hereby authorize the leaders of the program to secure medical advice and services, as they deem necessary, for the health and safety of my child; and I agree to accept financial responsibility for the costs greater then the benefits. | | | | |
| 5 | It shall be the discretion of the Director, as to what steps must be taken for the welfare and safety of the participant. Each child is given as much care and attention as possible, but the parents and the children must note that continuous disruptive behavior, which affects the enjoyment and safety of others, may result in the child being sent home. | | | | |
| 6 | I, the Parent/Guardian of the child do hereby agree to give the Klorious kids center permission to take pictures of my child while participating in the various programs and activities at the center for the purpose of advertisement, promotion and publicity campaigns. What might include posting to the internet. I also agree to give Klorious kids centerpermission to take my child on supervised walking field trips off the property. | | | | |
| 7 | I give permission to release my child`s information to the Alberta Child and Family Services Licensing Officer for quality and licensing purposes. | | | | |
| 8 | I understand that my child is to be picked up by 6:00pm at the latest each day. (Your child must be signed out every day). If I do not adhere to this I understand that it will result in a $1.00 per minute charge for each minute that I am late. | | | | |
| 9 | **I fully understand all the information in this form, and I have discussed this carefully with my child. NOTE: NO REFUNDS WILL BE GIVEN.** | | | | |
| **Signature of Parent/Guardian:** | |  | **Date:** |  | |
| **STAFF Signature:** | |  | **Date:** |  | |
| Packing List   * Weather appropriate clothing. Please be prepared for variable weather! We will be outside rain or shine, so please send your camper prepared with a warm sweater and rain jacket. * A hat is strongly encouraged * Comfortable outdoor shoes to run in * A water bottle (minimum 1 Litre)! * Sunscreen and bug repellent * We encourage campers to bring a set of change clothes, just in case! | | | | |