



**PARKS
RECREATION
& CULTURE**

EMERGENCY & PROFILE FORM

Please complete form at time of registration. To allow for administrative purposes, same day registrations will not be accepted.

NAME OF CAMP: _____

PERSONAL INFORMATION			
Childs Name:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Birth date:		Care Card #	
Address:			
City:	Province:	Postal Code:	
Doctor's Name & Ph #:	Dentist Name & Ph #:		
Parent/Guardian Emergency Contact #1		Parent/Guardian Emergency Contact #2	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
List phone numbers in order of accessibility. Also indicate if phone number is cell (C), home (H) or work(W). _____ <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W _____ <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W		List phone numbers in order of accessibility. Also indicate if phone number is cell (C), home (H) or work (W). _____ <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W _____ <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W	
Emergency contact other than parent/guardian listed above:			
Name:	Relationship to Child:	Phone Numbers: () _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W () _____ - _____ <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W	
CHILD RELEASE: To ensure your child's safety, children need to be signed in and out of our care on a daily basis. Please check below which method of pick-up is the best for your family.			
<input type="checkbox"/> My child is ONLY allowed to leave with the parent or guardian indicated above (ID required).			
<input type="checkbox"/> Other family members or friends, as listed below, may pick-up my child (ID required). Name: _____ Phone: _____ Relation: _____ Name: _____ Phone: _____ Relation: _____			
DO NOT RELEASE: Please list those who under any circumstances are NOT ALLOWED to pick up your child. If there are current court orders related to your child's care in our program, including custody orders, pick up and drop off information etc. please use the box below to provide details or attach information to this form.			
DO NOT RELEASE: Name: _____ Phone: _____ Relation: _____ Name: _____ Phone: _____ Relation: _____			
Additional Details:			
SWIMMING ABILITY: Please indicate your child's swimming ability			
<input type="checkbox"/> Strong Swimmer		<input type="checkbox"/> Moderate and Non-Swimmer	
<ul style="list-style-type: none"> • Must be 7 years or older • Have completed swim kids 4 OR can swim 25 metres • Child may swim in deep water without lifejacket 		<ul style="list-style-type: none"> • All children 6 years and under • Children 7 years & older who have NOT completed swim kids 4 OR cannot swim 25 metres comfortably in deep water • Child must wear a lifejacket in deep water 	

HEALTH & SPECIAL CONSIDERATIONS

Does your child have any health and/or special considerations? Yes No

If YES, what special considerations should we be aware of to better meet your child's needs?

Please check appropriate boxes:

- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Allergies* | <input type="checkbox"/> Asthma* | <input type="checkbox"/> Medical or Health Conditions or restrictions | |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Behavioral Concerns | <input type="checkbox"/> Speech | <input type="checkbox"/> Emotional/Psychological |
| <input type="checkbox"/> Visual | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Learning | Seizures | |

Other: _____

Please provide additional information for any health or special considerations:

- If your child has allergies or asthma, you must also complete a **Emergency Medication Care Plan** form.
- If your child takes medication during program hours, you must also complete an **Authorization to Administer Medication** form.

Does your child require additional help or an Education Assistant at school? Yes No

- IF YES, YOUR CHILD REQUIRES AN AID FOR OUR CAMP (behavioral, emotional, physical, intellectual, language, etc.), contact a staff member for further clarification if needed.

Please INITIAL each box and sign the bottom to indicate you understand and consent to the following:

EMERGENCIES	I <u>CONSENT TO</u> a staff member calling a medical practitioner or ambulance for my child in the case of accident or illness if I cannot immediately be reached.
POLICIES	I have <u>READ</u> and <u>UNDERSTAND</u> the refund policy as printed on my registration receipt and the camp policies in the Parent Handbook.
FIELD TRIPS	I hereby <u>GIVE PERMISSION</u> for my child to participate in field trips. <u>I UNDERSTAND</u> they may ride a bus or walk to the planned destinations.
PHOTOS	I <u>CONSENT TO</u> photos of my child (taken while in the programs) for use in LPRC promotional materials.
COMPLETE FORM	I <u>CONFIRM</u> that this form is complete and <u>I UNDERSTAND</u> that incomplete forms may result in my child being withdrawn from this program.

Signature of Parent /Guardian: _____ Date: _____

Print Name: _____

Personal information you provide on this form is collected under the authority of the Community Charter and will only be used for the purposes of the Parks, Recreation and Culture camp program. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection of your personal information may be referred to the Manager of Legislative Services, Town of Ladysmith, Box 220, Ladysmith, BC V9G 1A2, 250-245-6400.

ONCE FORM IS COMPLETED, PLEASE EMAIL TO camps@ladysmith.ca

OFFICE USE ONLY:

Received by: _____ Date: _____