

**Brae Island Regional Park Day Camps
EMERGENCY CONSENT FORM**

Name of child:

(First Name)

(Last Name)

Address: _____

(Street)

(City/Province)

(Postal Code)

Home phone: _____ Date of birth: _____ | _____ | _____ Gender: Male Female
Month Day Year

Parent's Name: _____

Home Phone: _____ Work Phone: _____

Parent's Name: _____

Home Phone: _____ **Work Phone:** _____

Emergency Contact: _____ Phone: _____

Out of Town Contact: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Date of Most Recent Tetanus Shot: _____

Allergies/Medication: _____

Child's Dentist: _____ Phone: _____

Care Card Number: _____ Date Effective: _____

CONSENT FORM

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.
- 2) Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the nearest emergency centre.
- 3) I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by the Brae Island Regional Park staff when I cannot be contacted.
- 4) I hereby give consent for my child _____ to receive medical treatment.

I am aware that Brae Island Regional Park Day Camp staff members do not dispense medication. Campers are responsible for carrying, and taking their medications. Reminders may be given to campers but only if parents have written explanations including times and handed to the counsellors. I am aware that there may be allergens at camp. I am aware that the Brae Island Regional Park site is not allergen free.

SIGNATURE OF PARENT _____ DATE: _____