

**Office use only:**

**Before Care: Y/N**

**Week:** \_\_\_\_\_ **Camp :** \_\_\_\_\_

**After Care: Y/N**

## Esquimalt Parks & Recreation Camps 2011 Emergency Information

**NOTE:**

**This form must be completed and handed in for your child to be fully registered in our Summer Camps.**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Male  Female

**Parent/Guardian Information:**

Mother/Guardian: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (for program updates only): \_\_\_\_\_

**Emergency Information (Please provide 2 alternative Emergency Contacts other than parent/guardian):**

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact#2: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Medical Information:**                      **Medication Consent Form Attached:** yes\_\_\_ no\_\_\_

Medical Insurance/Care Card Number: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_                      Doctor's Phone Number \_\_\_\_\_

Allergies/Medications:  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Care Consent:**

I give my consent for staff at Esquimalt Recreation Center to seek emergency medical care (911) for my child if necessary.

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

**Pick Up/Dismissal:**

This portion needs to be completed for any other individual who may pick up your child

| Name | Phone | Relationship to Child |
|------|-------|-----------------------|
|      |       |                       |
|      |       |                       |
|      |       |                       |

**Pickup/Drop Off Policy:**

Esquimalt Recreation has a sign in/sign out policy with all of our Summer Programs, please ensure that you come in each day to sign your child in and out.

If your child is 9 years or older they may sign themselves in/out. **My child may walk home:**

Yes  No

**Swimming Level:**

Strong swimmer

Moderate Swimmer

Weak Swimmer

Non-Swimmer

**About your child: (Please use this space to inform us of any other information you feel like it may be helpful for us to have.)**

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**By Signing Below you agree to\*:**

**1. Photo Release:**

I give my consent for staff at Esquimalt Recreation to take photos for promotional/advertising purposes. (ie. Recreation guide)

**2. Emergency Information Consent:**

Dear Parent/Guardian:

Thank you for choosing Esquimalt Recreation for your Summer Camp experience. We request that you read and sign the informed consent.

I, as parent/guardian of the child listed on page one of this document, give full permission for my child to engage in all camp activities and I understand that there are risks inherent to the activities my child will partake in. I understand that care and attention will be given to the safety of all participants but that Esquimalt Recreation, its staff or volunteers cannot be held liable for any injury or loss which was not directly caused by their failure to meet the standard of care.

***\*If you do not agree to give photo release permission or Emergency Information Consent please provide a note which we will attach to your child's emergency form. This note must be brought the first day of camp.***

**I have read the information in this form and understand the policies of Esquimalt Parks and Recreation's Summer Camp.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please read:** Parent General Information and Behaviour Policy Form (available on-line at [www.esquimalt.ca](http://www.esquimalt.ca)).

**Contact Information**

Recreation Center: 412-8500

Summer Program Supervisor: 888-0103