Loyalist Township

Recreation Services Department
Building a Healthy, Engaged Community

Ask for a parent info package today!

177 Upper Park Dr., (formerly 108 Amherst Drive) Amherstview, ON K7N 1H9
P: 613.634.5355

MEDICAL INFORMATION / CONSENT

(one per child)

Please Print Clearly

Participant's Name: _____
(First) (Last)

Age: _____ Gender: _____ Date of Birth: _____
(dd/mm/year)

Home Address: _____ Town/City: _____ Postal Code:_____

1st Parent/Guardian Name: _____
(First) (Last)

Home#: _____ Work#: _____Cell#:_____

2nd Parent/Guardian Name:_____
(First) (Last)

Home#: _____ Work#: _____ Cell#: _____

Legal Custody:	**Camper Resides With**:
☐ 1st Parent ☐ 2nd Parent ☐ Both Parents Other Explain: _____	☐ 1st Parent ☐ 2nd Parent ☐ Both Parents Other Explain: _____

ALTERNATE EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____

Phone Number(s): _____ Relationship to the child: _____

Family Physician: _____ Phone Number: _____

Has the Contact been made aware that they are the Emergency Contact? ☐ YES ☐ NO

OVER

It is important that the Loyalist Day Camp Staff is made aware of any concerns about your child in order to ensure the best possible experience for them. Please note all information will be kept confidential. Please make us aware of any of the following:		
Behavioural/Learning Information	Medical/Health Information	Other
☐ No ☐ Yes **Please Explain**	☐ No ☐ Yes **Please Explain**	**Please Explain**

SWIMMING AT THE WJ HENDERSON

- Swim time at WJ Henderson Recreation Centre has qualified lifeguards.
- Unless predetermined by the parent that their child must wear a lifejacket, **ALL** campers must do a swim test. The lifeguards will then assess each camper and determine if they require a lifejacket or if they can swim in the end of the pool.
- In order to assist in the swimming level process and to keep Day Camp staff aware one of the following wristband colours will be placed on your child once his or her level is determined:
  RED BRACELET- STOP! Lifejacket must be worn at all times.
  GREEN BRACELET- GO! Swimmer can swim both in the shallow and deep end
- If at any point the lifeguards on duty feel that there may be harm to your child's health and safety, they will act accordingly and make decisions appropriately.
- As per the WJ Henderson Pool Rules: ANY SWIMMER WEARING A LIFE JACKET OR FLOATATION DEVICE IS TO REMAIN ONLY IN THE SHALLOW END.
- If you would like to follow up, or discuss any concerns please contact the Aquatic Co-ordinator.

SWIM LEVEL: **Please check the safe and appropriate level for your child**			
☐ NOT TO SWIM	☐ NON-SWIMMER No swim ability/Shallow end **only** (Lifejacket brought or provided)	☐ SHALLOW END SWIMMER (Lifejacket brought or provided)	☐ DEEP END SWIMMER Swim in 10ft/Able to swim in deep end

AUTHORIZATION

PUBLICITY CONSENT

I hereby consent to the release of the photograph, to the media or in Loyalist Township displays, for publicity purposes or activities during any program or in any facility or location where a program is held.

NOTE: At no time will a Loyalist Township employee release personal information of any participant.

□ **Yes, I consent** □ **No, I do not consent**

MEDICAL CONSENT

I understand that every attempt will be made to contact a parent/guardian in the event of any injury. However, should the Day Camp staff be unsuccessful in reaching me immediately, I hereby authorise Loyalist Township Staff, in my absence, to administer emergency first-aid and seek medical treatment or hospital care due to an injury or illness while under their care

□ **Yes, I consent** □ **No, I do not consent**

WAIVER

I hereby indemnify and save harmless Loyalist Township and employees from all claims for damages arising from participation at any time during the Day Camp Program or in any facility or location where the program is held.

Initial _____

OFF – SITE CONSENT

I consent to allow my child to participate in any off-site activities. I realize that some activities will require my child to walk or be bussed.

□ **Yes, I consent** □ **No, I do not consent**

SUNSCREEN APPLICATION

I hereby consent to have Loyalist Township Camp Staff & Volunteers assist with the application of sunscreen to my child prior to going outside, before and after swimming, and any other time necessary.

□ **Yes, I consent** □ **No, I do not consent**

POSTIVE SPACE POLICY

To ensure that all campers have the opportunity to play and grow in a Positive Space, we will be implementing a zero-tolerance-based system for negative camper conduct. Campers will be informed of our Positive Space policy and it will be applied equitably to all situations. It is our intent that this will allow our campers to feel comfortable and secure during their time, while reinforcing respect for themselves and others. Although we strive to meet the unique needs of all our campers, we realize that Day Camp may not be the most suitable environment for all. Unfortunately, if it is proven that your child is not able to respect and contribute to our Positive Space; they may be asked to try an alternate activity or be removed from the remainder of their time at camp.

I have read and understand the above policy: (**Signature**) _____

At the end of the day my child will: (Please check one)

Be picked up by _____ **( )**

Walk home **( )**

Other (please specify)_____ **( )**

By signing below, I acknowledge that the information contained in this form is correct. I agree to inform the leaders of any changes that may occur during the duration of my child's enrolment in the Summer Day Camp.

_____	_____	_____
DATE (DD/MM/YY)	**PRINT NAME**	**SIGNATURE OF PARENT/GUARDIAN**

OVER

***ONLY FILL OUT IF YOUR CHILD REQUIRES MEDICATION TO BE ADMINISTERED DURING CAMP ***

Please ensure that all medication comes in the original container as prescribed by the doctor or pharmacy and is clearly labeled with your son/daughters name, and the name of medication.

Childs Name: _____

Medication to be administered: _____

Reason for Medication: _____

Possible Reaction(s) to Medication (ie. Drowsiness, vomiting, etc.) _____

_____

When is this medication to be administered? (ie. Once a day at noon, before each meal, only during allergic reaction, etc.) _____

_____

_____

How much (dosage) of this medication is to be administered?

_____

_____

(For staff use only)

Date	Time Given	Medication Administered	Dosage	Given to Participant By: (Print and Sign First and Last Name)