

## PARTICIPANT INFORMATION FORM

PERSONAL INFORMATION								
Child's Name:								
dina s raine.	First			Last				
Date of Birth:		D/M/Y		Age (as of program start):				
Gender:	M	F	Prefer No	efer Not to Answer				
Provincial Health Care	Card N	Number:						
PARENT/GUARDIAN	CONTA	ACT INFO	DRMATION	l				
Parent/Guardian #1				Parent/Guardian #2				
Name:				Name:				
Phone:			_	Phone:				
Relationship to Child:				Relatio	nship to Child:			
CHILD RELEASE & SEC	CONDA	RY EME	RGENCY C	ONTACT (Mi	inimum one required)			
Children will NOT be released to anyone else without written authorization from a parent/guardian. Please list ALL people allowed to pick up your child other than parent/guardian (s) above.								
1			_ Phone #:		Relation:			
2			_ Phone #:		Relation:			
3			_ Phone #:		Relation:			
Are there currently an in our program?  If YES, please atta			☐ YE	ES NO	rs, related to your child's care			
DO NOT RELEASE Plea	ase list	those wl	no under ai	ny circumsta	nces are NOT ALLOWED to			
1				Relation	:			
2				Relation				

MEDICAL and HEALTH INFORMATION							
Allergies:							
Does your Child carry an Epi-Pen?	7	/ES	NO				
Require Medications:	7	/ES	NO				
Require Additional Support/Inclu	sion Support:	YES	NO				
If YES to any of the above, please ensure you have filled out additional care plan information, as per our Parent Handbook and website.							
SWIMMING ABILITY: Please indicate your child's swimming ability:							
Strong Swimmer Must be 7 years and olde Have completed swim kids 4 o OR can swim 25 metres comfor continuously in deep water	r equivalent	1	Moderate and Non-Swimmer All children 6 years and under Children 7 and older who have NOT completed swim kids 4 OR cannot swim 25 metres comfortably and continuously in deep water.				
ADDITIONAL CONSENT							
Please <u>INITIAL</u> each box							
	I consent to a staff member calling an ambulance for my child in the case of accident or illness. PSP Recreation will not be responsible for any associated costs to do so.						
· ·	I consent to my child using public transportation, walking, and being transported by CFB Esquimalt Transportation busses to participate in camp field trips.						
	I consent to allow a staff member to assist my child(ren) with the application of sunscreen/insect repellent in a 'hand over hand' manner, should my child(ren) require assistance.						
	I consent to photos of my child being taken while in programs and for use in PSP Recreation promotional materials.						
	I <b>DO NOT</b> consent to photos of my child being taken while in programs and for use in PSP Recreation promotional materials.						
Participant CODE OF CONDUCT and PARENT HANDBOOK  I have read Handbook	and understand both the	Particiį	oant Code of Conduct and Parent				
Please sign and date that all information is current and up to date:							
Signature of Parent/Guardian:			Date:				