

To be completed prior to the first day of camp.

Child's Name		
Address		
Parent / Guardian		
Contact Phone #		
Contact email		
Emergency Contact		
Name		
Relationship		
Phone #		

Please list full names of all people authorized to sign your child in and out of day camp.

MEDICAL

Please list any medical conditions we should be made aware of (ie. usage of an Epi-pen*, Allergies, ADHD, ADD, physical disabilities, emotional problems, learning disabilities or anything special we should know about your child. If your child has an allergy, please list signs, symptoms, and treatment:

****Parent/Supervisor consultation should take place on the first day at camp.

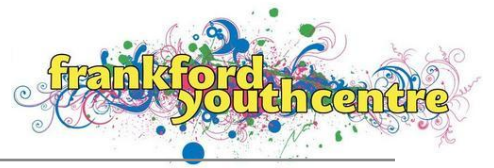
Will your child require you to take any medication while in our program? **YES NO**

If yes, do you grant your child permission to take his/her medication as directed in the chart below? **YES NO**

Children with reported allergies/medication use will wear a specific coloured wristband to identify allergy/medication type and time of dosage while in our care. An allergy form is

Frankford Youth Centre Summer Blast 2024

Consent Forms



completed at the time of sign in to ensure the camp staff have the most current emergency contact information. ****Medication must not be stored with personal belongings (ie. backpacks, lunch bags)

Medication	Prescription #	Dose	Time	Signature

PLEASE NOTE: The Frankford Youth Centre staff will monitor but cannot administer medication. We can store the medication in a designated area and remind your child to take it according to written instructions. Staff are not responsible for “missed doses” but will do their best to avoid this situation.

Medication (including Epi-pens) must be submitted to our office in its original prescribed bottle with your child’s name on it. Anaphylaxis management and the use of epinephrine auto-injectors (Epi-pen or Twinject) is a shared responsibility. Practicing emergency drills with your child results in effective emergency response in the case of a reaction.

Campers must be mindful of their allergies. Campers should:

1. Carry at least one epinephrine auto-injector (Epi-pen or Twinject) as age appropriate,
 2. Wear medical identification (Medic Alert bracelet),
 3. Inform staff if he/she suspects a reaction is happening,
 4. Ensure that asthma is well controlled and managed coming into the environment
- In the case of a camper experiencing a severe, potentially life-threatening allergic reaction, staff will administer the epinephrine auto-injector and call 911. For EMS needs, please complete the following.

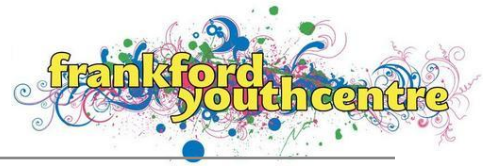
Health Card #	
Doctor’s Name	
Doctor’s Phone #	

Sun Sense: It is recommended that children arrive at day camp with sunscreen on and have sunscreen labeled with your child’s name in their backpacks for additional application. Please show your child how to apply sunscreen to themselves. If your child does not have any sunscreen available, does the Frankford Youth Centre staff have the authorization to make some available to them? **YES NO**

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Parent / Guardian Signature

Date



Behaviour Contract:

Frankford Youth Centre reserves the right to ask parents to withdraw their child from the Summer Blast 2023 adventure if basic behaviour expectations are not met. Examples:

- Verbal or physical abuse against campers or staff
 - Stealing or any other illegal actions
 - Behaviour that causes constant distraction for other campers or staff

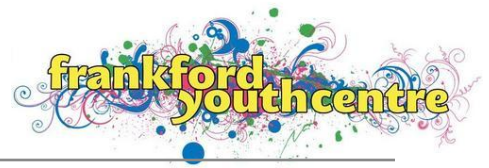
 - Constant disregard towards staff's direction or guidance.
- It is understood that participants will be properly supervised and that reasonable safety precautions will be taken. Upon signing this form, permission is given to the Frankford Youth Centre or its representatives to seek medical care in the case of an emergency for the above registrant. Any cost incurred for medical care will be the responsibility of the parent and/or guardian.

I have read and understand ALL of the information in this day camp package including the Day Camp Guideline sheet, this consent form, information pertaining to the behaviour policy, refunds, credits and absenteeism.

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Parent / Guardian Signature

Date



PARENT CONSENT FORM

RELEASE AND INDEMNITY:

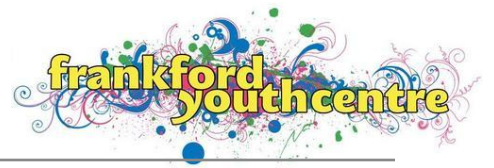
I, the Participant's Parent/Guardian, hereby grant my son/daughter/ward _____ permission to participate in the Frankford Youth Centre's Summer Blast day camp program. The Participant and I do hereby release Frankford Youth Centre, its servants, agents, employees and volunteers from all claims, demands, liabilities, actions or causes of action in any way arising out of the above activity including the Participant's participation in the above activity and use of any associated facilities of the Frankford Youth Centre. Without restricting the generality of the foregoing, the Participant and I do hereby release and forever discharge the Frankford Youth Centre, its servants, agents, employees and volunteers from all claims, demands, liabilities, actions or causes of action for personal injury, or death or damage to property (whether or not owned by the Participant) which may be sustained during the said Activity(s) and such participation and use, save and except as may arise from acts of negligence by the Frankford Youth Centre, its servants, agents and employees.

The Participants and I further agree to defend, indemnify and save harmless the Frankford Youth Centre, its servants, agents and employees from any and all claims, demands of liabilities which may be made by third parties in any way referable to the said events or such participation or use. This Release and indemnity shall be binding upon the Participant, me, the Participant's Parent/Guardian and our respective heirs, executors, and administrators and shall ensure to the benefit of the Frankford Youth Centre, its servants, agents and employees and its successors and assigns and their heirs, executors, administrators, and successors, respectively.

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Parent / Guardian Signature

Date



PERMISSION FORM FOR PHOTOGRAPHS OF CHILDREN 17 YEARS AND UNDER:

I give permission to the Frankford Youth Centre and those acting under its authority, the right and permission to reproduce, publish, print, copyright or otherwise use my and/or my underage child/children's photographic reproductions. In addition, I warrant that I am of full age and have every right to contract in my own name and in the names of my underage child/children.

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Parent / Guardian Signature

Date

The information collected on these consent forms is used solely for the purpose of Summer Blast 2024 registration and will not be shared. Additional questions or concerns about the Summer Blast 2024 day camp being offered by the Frankford Youth Centre can be directed to the Director at 613-398-1211 or email director@frankforyouthcentre.ca.

Please complete all forms and return to director@frankforyouthcentre.ca or the Frankford Youth Centre at 11 King Drive, Frankford.