

Out of School Care Permission Form

As the Parent/Guardian of _____ attending a YMCA-YWCA
Out of School Care Program:

- A. I hereby give my permission for my child/children to go on out trips off the childcare site. I understand that my child/children may be transported by a YMCA-YWCA bus, or may walk to the destination.
- B. I give my permission for the use of photographs, films, slides, videotapes of my child(ren) taken during the program for the promotional purposes of the YMCA-YWCA of the Central Okanagan.
- C. In case of emergency, I _____, authorize the staff of the YMCA-YWCA of the Central Okanagan to call an ambulance or take my child to the nearest emergency center. I understand that should such an emergency arise, I, or my emergency contact (when I cannot be reached), will be notified immediately. I agree that any cost incurred for such services shall be my responsibility.
- D. I acknowledge that from time to time this center may accept work experience students from the local high schools and volunteers to help in the programs. I understand volunteers and students with cleared criminal record checks will be interacting with my child.
- E. I give consent for my child's personal information (licensing purposes) to be shared between Y programs. I give permission for my child/children to attend any Y Out of School Care licensed facility.
- F. I hereby give permission for the Y staff to apply sunscreen supplied by me. In the event I should forget, I give the Y staff permission to apply "Copper Tone" sunscreen to my child during the summer day camp program.

I give permission for A B C D E F

Date

Parent or Guardian Signature

Date

Supervisor's Signature

I have read this agreement and the YMCA-YWCA Parent Handbook and agree to abide by the outlined policies and procedures while my child(ren) are in attendance.

Out of School Medical Emergency Information

Enrollment Date: _____
 Start Date: _____
 End Date: _____

Family Name _____ Child's Name _____

Address _____

_____ Postal Code _____

School _____ Grade: _____

Date of Birth: _____ / _____ / _____ Age: _____ Gender: M _____ F _____
day month year

Mother's Name _____ Home # _____ Work _____ Cell _____

Father's Name _____ Home # _____ Work _____ Cell _____

Guardian (if applicable) _____ Work # _____

Emergency Contacts: must have 2 contacts other than parent/guardian and the emergency contacts must be listed on pick-up list (reverse side)

Emergency Contact #1 _____ Phone # _____ Work/Cell # _____

Emergency Contact #2 _____ Phone # _____ Work/Cell # _____

B.C. Care Card # _____

Doctor's Name _____ Phone # _____

Known Allergies/ Medication & Treatment/Special Diet Requirements

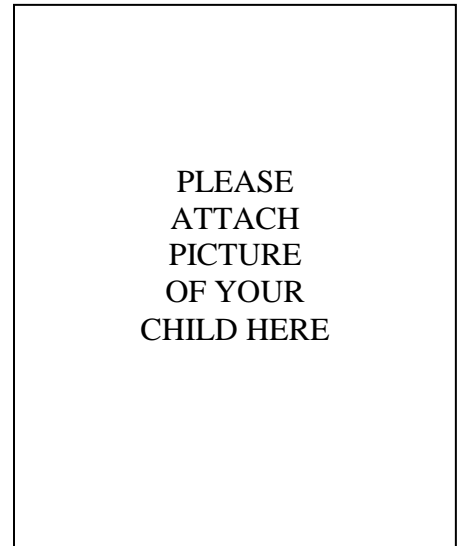
Immunization Dates: *Must attach a photocopy of records

I choose not to immunize my children-Conscious Objector- Parent Signature: _____

Have There Been Any Major Changes In Your Child's Life In The Past YEAR? (ie. death, separation, etc.)

Please list below anyone who is NOT authorized to pick up your child

***Parent handbook has been read by parent and program Supervisor.
 Pls. initial _____***



**OUT OF SCHOOL CARE
CAREGIVER PERMISSION FORM**

CHILD'S NAME: _____

CHILD PICK UP POLICY:

Person(s) authorized to pick up my child and/or be contacted in case of an emergency:

NOTE: first two people on your emergency list should be on your pick-up list

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

3. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

4. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Anyone other than those listed above is not permitted to pick up my child without confirmed written consent.

Date

Parent / Guardian