

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.

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

Medical Emergency Information

Family Name _____ Child's Name _____

Address _____

Email _____ 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 # _____

Please list any special instructions for your child's diet, allergies/medications, and medical disabilities concerning participation in a program of activities or other matters relevant to the child's care.

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.

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 _____***



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