

CITY OF PORT MOODY
PARENTAL CONSENT FORM

PROGRAM NAME: _____ **START DATE:** _____

Participant's Full Name: _____

Home Address: _____

Age: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

I consent to my child's participation in the program. I am aware that there are risks associated with participation in the program, including the risk of injury, and I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the City of Port Moody of any medical or other conditions which may affect my child's participation in the program.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency center, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

Permission is hereby **GRANTED** or **DENIED** (check appropriate box) for the City of Port Moody to take and publish photographs of the above-mentioned child. I understand the photographs may be in any medium including, but not limited to, print, newspaper, magazine, the city's website or social media sites.

Emergency Contact Name: _____ **Phone:** _____

Allergies? **YES** or **NO** Describe allergy: _____

If your child carries medication, where is it kept? _____

Family Doctor: _____ Phone: _____

Care Card Number: _____

Will you require staff to administer medications? (Including EpiPen)**YES** or **NO**

If yes, please contact the recreation programmer directly. The responsibility for taking proper doses of medication cannot be assumed by staff and remains sole responsibility of the participant.

Who else has consent to pick up the participant from the program?

Name: _____ Phone: _____

Name: _____ Phone: _____

I have read this consent form and understand and accept its terms.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

PLEASE SUBMIT FORM TO PROGRAM LEADER AT THE START OF THE PROGRAM (ON THE FIRST DAY).

OFFICE USE ONLY

Staff Name (PRINT)

Program/Course #