

EMERGENCY FORM WEST SHORE PARKS & RECREATION

Please complete and return to your program leader at the start of program.



Program Type: After School Care Preschool School Age

PERSONAL INFORMATION

Child's Name:

CHILD
Reponds to: Birthday: Sex: M F

Street Address:

CITY: PROV: PC:

Please attach a current photo of your child. (Within one year)

Licensed Programs Only

Parent/Guardian Emergency Contact #1

Name:	<input type="text"/>		
PHONE HOME:	<input type="text"/>	PHONE CELL:	<input type="text"/>
PHONE WORK:	<input type="text"/>		
EMAIL:	<input type="text"/>		

Parent/Guardian Emergency Contact #1

Name:	<input type="text"/>		
PHONE HOME:	<input type="text"/>	PHONE CELL:	<input type="text"/>
PHONE WORK:	<input type="text"/>		
EMAIL:	<input type="text"/>		

CHILD'S Medical Doctor:	<input type="text"/>
CHILD'S Dentist:	<input type="text"/>
CHILD'S Medical Number:	<input type="text"/>

Phone #:	<input type="text"/>
Phone #:	<input type="text"/>

CHILD RELEASE

Children will NOT be released to anyone with out WRITTEN AUTHORIZATION from a parent/guardian.

Please list ALL the people who are ALLOWED to pick up your child.

1.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>
2.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>
3.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>

DO NOT RELEASE Please list those who under any circumstances are NOT ALLOWED to pick up your child.

1.	<input type="text"/>	Relation:	<input type="text"/>
2.	<input type="text"/>	Relation:	<input type="text"/>
3.	<input type="text"/>	Relation:	<input type="text"/>

SWIMMING ABILITY

Please indicate your child's swimming ability:

Strong Swimmer <input type="checkbox"/>	Capable Swimmer <input type="checkbox"/>	Weak Swimmer <input type="checkbox"/>	Non-Swimmer <input type="checkbox"/>
Deep Water/Deep Pool	Up to Shoulder/Shallow End of Big Pool	Waist Deep/Shallow End Big Pool	Shallow Water Small Pool Only

Indicate child's Red Cross Swim Kids Level or any swimming comments: _____

HEALTH & SPECIAL CONSIDERATIONS

Are there any special considerations of which we should be aware?
(Please Explain)

How can our staff best meet your child's needs?

A Staff Member may contact you for further clarification.

CUSTODY ORDERS

Are there currently any custody orders? YES NO (IF YES PLEASE ATTACH TO BACK)

EMERGENCIES

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

FIELD TRIPS

By signing below, you are also giving your permission for your child to join us on fieldtrips.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) to be used in future JdF promotional material.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

BASIC IMMUNIZATION SCHEDULE Vancouver Island Health Authority — South

Please indicate the date immunizations were received: This section must be filled in with exact dates.

If you have chosen to **NOT** participate in the immunization schedule please **SIGN HERE:** _____

	1st Visit @ 2 months	2nd Visit @ 2 months after 1st	3rd Visit @ 2 months after 2nd	4th Visit @ 12 months of age	4th Visit @ 12 months after 3rd	5-6 Years	Grade 6
DATE Of Immunization							
Diphtheria	•	•	•		•	•	
Pertussis	•	•	•		•	•	
Tetnus	•	•	•		•	•	
Poliomyelitis	•	•	•		•	•	
HIB (1)	•	•	•		•		
Hepatitis B	• (2)	• (2)	• (2)				•• (3)
Pneumococcal Conjugate	• (4)	• (4)	• (4)		• (4)		
Measles/Mumps/Rubella				•			
Meningococcal C Conjugate	5			• (5)			• (7)
Varicella (Chickenpox)				• (8)		• (9)	• (9)

1. HIB protects against Haemophilus influenzae B which may cause meningitis. 2. Hepatitis B immunization program for Children born on or after January 1, 2001. 3. Grade 6 Hepatitis B for children who were not previously immunized. 4. Pneumococcal Conjugate for children born on or after July 1, 2003 5. Meningococcal C Conjugate:- for children born on or after April 1, 2005 one dose at 2 months of age and one dose at 1 year of age. - for children born on or after July 1, 2002 one dose at 12 months of age. 6. All First Nations Children ages 2-59 months, should receive an age-appropriate series of Pneumococcal Conjugate vaccine. 7. Grade 6 and Meningococcal C Conjugate: - for children who were not previously immunized. 8. Varicella (Chickenpox) for children, born on or after January 1, 2004, who have not had chickenpox disease, shingles or previous dose of Varicella vaccine. 9. Varicella (Chickenpox) for children who have not had chickenpox disease, shingles or previous dose of Varicella vaccine.