



Emergency Information

(RPS Form 1)

This form is designed to gather the necessary information that would be required in case of an emergency for participants 4-15 years. This form must be completed and handed in to the program leader on the first day. Admittance to the program may be denied if this form is not completed in full.

Child's Name:	Birth date:
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Parent/Guardian Information:

Parent #1/Guardian:		
Home Phone:	Work Phone:	Cell Phone:
Parent #2/Guardian:		
Home Phone:	Work Phone:	Cell Phone:
Emergency Contact:		
Relationship:	Phone:	Cell Phone:

Medical Information

Medical Insurance/Care Card Number:
Allergies/ Conditions: <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes Other: _____
If any of these items are severe or your child has any other conditions or requires support in any way please contact the department to speak with a Recreation Programmer prior to the start of the program.
*** If Medication is required during camp hours, please fill out a Medication Information form and attach ***

Medication Information Form Attached

Yes No N/A

Pick up and Drop off Policy

RDN Recreation and Parks has a sign in/sign out policy for programs, unless otherwise noted. Please ensure that you come in each day to sign your child in and out. All participants need to be released to the designated responsible adults.

Other individuals who may pick up my child are

Name	Phone	Relationship to Child
Name	Phone	Relationship to Child
Name	Phone	Relationship to Child

If there are any custodial issues we should be aware of, please attach additional information.

Please complete both sides of this form

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Emergency Information Consent

Dear Parent/Guardian:

Thank you for choosing the RDN, Recreation and Parks for your Recreation Program experience. We request that you read and sign the informed consent.

I _____ parent, or guardian of _____ give full permission for my child to engage in all program activities and I understand that there are risks inherent to the activities my child will partake in. I understand that care and attention will be given to the safety of all participants but that Recreation and Parks, its staff or volunteers cannot be held liable for any injury or loss which was not directly caused by their failure to meet the standard of care.

Registration/Refund Policy:

1. Registration is accepted on a first-come, first-served basis.
2. Programs with insufficient registration are subject to cancellation.
3. Please withdraw 72 hours prior to program start date for a full refund.
4. Your child can be refused admittance to the program if this form is not completed and returned.
5. I give consent for staff/contractors at RDN Recreation and Parks to seek emergency medical care (911) for my child if necessary.

I have read the information in this form and understand the policies of the Regional District of Nanaimo, Recreation and Parks Programs.

Parent/Guardian Signature: _____ Date: _____

**This form must be completed and handed in to the program leader on the first day.
Admittance to the program may be denied if form is not completed in full.**

Personal information you provide on this form is collected under the authority of the *Local Government Act* and the applicable *Recreation Program Bylaws* and will only be used for purposes related to the internal administration of an RDN recreation program. Your personal information will not be released except in accordance with the *Freedom of Information Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Information & Privacy Coordinator, 1-877-607-4111.