



Medical and Permission Form

Bring this form with you
to the first day of your program.

Program name	Program date (mm/dd/yyyy)
Teacher name (Active Beyond the Bell only)	Grade

1 Participant Information

Participant name		Date of birth (mm/dd/yyyy)	
Gender <input type="radio"/> Female <input type="radio"/> Male	BC Services/CareCard number	Allergies <input type="radio"/> Yes <input type="radio"/> No	Medication <input type="radio"/> Yes <input type="radio"/> No
Address			
City		Postal code	

2 Emergency Contacts

Parent/Guardian name	Relationship to participant
Home phone	Alternate phone
Parent/Guardian name	Relationship to participant
Home phone	Alternate phone
Emergency contact name (other than above)	
Relationship to participant	Phone

3 Child History

Indicate Yes or No to the following questions. If Yes to any item, provide details.

Does your child:

Have any medical conditions, e.g. asthma? <input type="radio"/> Yes <input type="radio"/> No List signs, symptoms, and care plan:	Have any allergies to food, medication, and/or the environment? <input type="radio"/> Yes <input type="radio"/> No Do allergies require medication? <input type="radio"/> Yes <input type="radio"/> No
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Take medication? Yes No
Include type, dosage, times of self-medication.
*If EpiPen® is required, fill out Allergy Action Plan Form.

Medication will be kept:

Have any behaviour plans or strategies we should adopt? Yes No
If yes, provide details.

Have any limitations that would prevent him/her from participating in activities? Yes No

Have any fears that leaders should be aware of such as water, bees, etc? Yes No

Know how to swim? Choose one. Never swam Beginner Intermediate Advanced
Indicate your child's highest swimming lesson level completed.

List any family information or special instructions the instructor should be aware of. Provide any other comments or concerns.

4 Parent/Guardian Authorization

I, _____, hereby state that anyone on the list below cannot pick up my child _____ at any time, at the program location. Any person my child recognizes by name who is **NOT** on this list will be granted permission to pick up my child.

Name	Relation
Name	Relation
Name	Relation

I give permission for my child to sign him/herself in or out.*

Parent/Guardian signature

Date (mm/dd/yyyy)

* It is recommended that children under the age of 10 years do not sign themselves out. Once a child is signed out, by themselves or by a guardian, they are no longer the responsibility of the Township of Langley even if they remain on Township of Langley grounds. When allowing for a child to sign him/herself out, we suggest considering the maturity of the child and putting some or all of the following safety checks in place:

- provide phone access
- discuss stranger awareness
- determine a "secret word" to be used for pick up
- determine check-in times
- complete a Home Alone workshop

5 Field Trip Permission

Some programs may include outdoor activities. Parents/guardians are required to sign this permission clause in order to allow off-site excursions to locations such as local parks, fields, and external facilities.

I, _____, hereby give permission for my child, _____, to go on a supervised trip with the Township of Langley Recreation, Culture, and Parks Division staff.

In the unlikely event that the participant named above is injured or becomes seriously ill while with Township of Langley staff, and I cannot be reached, I authorize staff to seek and authorize any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with the Township of Langley programs, it is agreed that the Township of Langley and its staff and volunteers are released from all liability for injury to the above named participant or for loss or damage to personal property.

Parent/Guardian signature

Date (mm/dd/yyyy)

Any personal information collected on this form will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 fo@tol.ca 604.533.7396