



Emergency Consent

1 Program Information

<input type="checkbox"/> W.C. Blair Recreation Centre	<input type="checkbox"/> Morning	<input type="checkbox"/> Mon/Wed/Fri
<input type="checkbox"/> Walnut Grove Community Centre	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Tue/Thu
<input type="checkbox"/> Willoughby Community Centre		

2 Participant Information

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

3 Parent/Guardian Emergency Contacts

Mother's name	Primary phone	Alternate phone
Father's name	Primary phone	Alternate phone
Emergency contact	Primary phone	Alternate phone
Child's doctor	Phone	

Child lives with Mother Father Guardian _____

4 Consent

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency services by emergency vehicle.

Please sign the consent below so that we may take appropriate action on behalf of your child. Return the signed consent to the centre immediately. This consent will accompany the child to emergency services.

I, _____ hereby give consent for my child, _____
when ill to be taken to the nearest emergency services by the centre staff or by emergency vehicle when I cannot be contacted.

I, _____ hereby give consent for my child, _____
when ill to be taken to the nearest emergency services by the centre staff or by emergency vehicle when I cannot be contacted.

Parent/Guardian's signature

Date (mm/dd/yyyy)

Child's Picture

Photo 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 foi@tol.ca 604.532.7396