

CHILDREN'S DAY CAMP

Child's Name: _____ Age: _____

Date of Birth: _____ Health Card # _____

Home Address: _____ City: _____

Postal Code: _____ Home Phone # _____

Family Doctor: _____ Doctor's Phone # _____

Emergency Contact Name: _____ Phone# _____

2nd Emergency Contact Name: _____ Phone# _____

***Please list any medical/health conditions (ie. diabetes, seizures, allergies, etc.) or additional information that will enable us to provide your child with the best care possible. (ie. fearful of water, behavior concerns, needs encouragement to participate in sports, etc.)**

- * DO NOT SEND MEDICATIONS OF ANY KIND TO SIMCOE HALL WITH YOUR CHILD.**
- *Please be advised that Simcoe Hall Settlement House staff and/or volunteers are not permitted to store, handle or administer prescribed or "off the shelf" medications. Special arrangements must be made for a parent/guardian or other assigned adult to administer any medication/s.**
- * EpiPens are permitted if child requires one**

OFFICE USE ONLY

Amount Paid _____ Receipt # _____ Authorization _____

**Simcoe Hall Settlement House
387 Simcoe Street South, Oshawa, ON L1H 4J2**

CONSENT AND HOLD HARMLESS AGREEMENT

“I _____ give consent for my child/children to participate in the Children’s March Break Day Camp Activities at Simcoe Hall Settlement House as well as to participate in all trips that are planned.”

“I further agree to indemnify and hold harmless Simcoe Hall Settlement House, its agents, employees and/or volunteers of all liability for loss or damage arising from any cause whatsoever and hereby release, waive and discharge Simcoe Hall Settlement House from all liability to my heirs, executors, administrators and assigns for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property while participating in and/or being transported to and from program activities.

CONSENT TO MEDICAL TREATMENT

“I hereby give permission to Simcoe Hall Settlement House to provide or arrange for such first aid or other medical treatment or care of child/ren included in this registration, including but not limited to transportation to hospital, as such staff may consider necessary or advisable. I understand that all costs related to such actions shall be my responsibility and I agree to pay for and/or reimburse Simcoe Hall Settlement House for any such costs as may be incurred.”

“I accept full responsibility for ensuring that participants named in this registration application are physically and medically fit to participate in the program activities for which they are registered throughout the duration of such programs.”

Date: _____ **Signature of Parent/Guardian:** _____

PERMISSION TO BE PHOTOGRAPHED AND/OR VIDEOTAPED

“I give consent for my child/children to be photographed or videotaped for the purpose of our archival records (photos taken to record special events or activities such as a children’s outing, a play production, sports or dance performance), community relations or program display boards for an agency open house. Children will **NOT** be identified by name in **ANY** photo or video.”

“I understand that special parent/guardian permission or consent is required for photos that may be taken and used in public media i.e. local newspaper or television. Parents will be contacted beforehand to sign an additional consent form.”

Date: _____ **Signature Parent/ Guardian** _____