

2007 program registration form for minors



A separate registration form is required for each child. Please print clearly.

child's name: _____
age: _____ date of birth: (mm/dd/yyyy) _____ male ___ / female ___ home phone: _____
child's address: _____ postal code: _____
contact name & phone (1): _____ relationship _____
contact name & phone (2): _____ relationship _____

general information

We do not administer any medications with the exception of an EPIPEN supplied by a parent or guardian.
Are there any illness, medication or medical condition staff should be aware of such as: asthma, epilepsy, heart condition, and allergies?
(please list): _____

Is there any other pertinent information staff needs to be aware of such as: a recent illness, injury, operation, behaviour management, special needs, etc. (please provide details)?

Parent/Guardian is responsible to notify servus place of changes to the information within this form.

authorization

(1) I give permission for servus credit union place staff to administer first aid or initiate emergency medical services in the event of an emergency. In the event that I cannot be reached in an emergency, I hereby give permission to any licensed surgeon, physician, clinic, or hospital to secure proper treatment, and to order anaesthesia for my child as named above. initial: _____

doctor to notify in case of emergency: _____ contact number: _____

child's health care #: _____

my child is allergic to the following medications: _____

(2) I ___ authorize ___ do not authorize (check one) servus credit union place to use photographs taken of my child while attending or participating in the above referenced program. Photographs may be used to promote servus place programs or be used in or as part of publications, advertisements, newsletters, website and displays intended for the general public. No other use of these photographs will be allowed. For a public body to use or disclose personal information, Section 37 (b) and 38 (1) (c) of the Freedom of Information and Protection of Privacy Act requires that the individual that the information is about has identified the information and consented, in the prescribed manner, to the use of that information.
initial: _____

(3) I understand that the program may be physically and/or emotionally demanding. It is my personal responsibility to ascertain whether my child has any health conditions which make it inadvisable to participate in this program. initial: _____

(4) authorized persons to pick up the child (please list):

name: _____ phone: _____
name: _____ phone: _____

name (print): _____

signature: _____ date: _____