



Child's name _____

Emergency Contact (other than parents)

Name _____ Phone _____

Address _____

Relationship _____

Authorized persons to pick up child (must include emergency contact)

Persons not authorized to pick up child

Emergency information

Allergies _____

Health concerns _____

Immunization on file? yes no

If no are copies included yes no

Health care number _____

Additional health coverage _____

Physician _____ Phone _____

Address _____

At any time, due to such circumstances as accidents or sudden illness, I hereby give my permission for emergency medical treatment to be obtained for my child. Followed by a phone call to myself.

Name of child _____

Signature _____ Date _____

Deer Run Community Child Care Permission Slips 2015

Please fill out all permission slips that pertain to your child

Walking to and From Home Alone

Employees of the Deer Run Out of School are not responsible for children until they arrive at the centre. If your child is to walk to and/or from home alone please fill out the following form.

I _____ give permission for _____ to walk to and from home alone. I will not hold the staff responsible for any accident that may occur before my child arrives at or after they leave the centre.

Signature of parent/guardian

Date

Photo Release Form

I/we give the Deer Run Out of School Care Program permission to take and use photos of my child in any local advertising

Signature of parent/guardian

Date

Swimming Release Form

I/we the parents/guardian of _____ give permission for my/our child to attend neighborhood field trips to Sikome Lake at any point during the 2015 summer camp program with Deer Run Out of School Care Program staff. I/we agree not to hold the program and/or staff responsible for any illness or accident that occurs during the trip. If the child requires the use of a life jacket I/we will provide it. Field trips will be at the discretion of Out of School staff and daily notices may not be given to parents/guardians

Signature of parent/guardian

Date

Neighborhood Walk Release Form

I/we the parents of _____ give permission for my/our child to attend neighbourhood field trips with Deer Run Out of School Care Program staff. I/we agree not to hold the program and staff responsible for any illness or accident that occurs during the trip.

Signature of parent/guardian

Date

Behavior Policy

Part of the summer program consists of the group taking field trips. We require the cooperation of all participants to make this a fun summer for everyone. If any child jeopardizes the safety of others by their behavior they will not be invited to participate in field trips. The safety of the group is paramount. The parent will be informed and the child will not be able to participate in field trips until the behavior improves and the staff feels secure in including the child on such trips. In extreme cases there may be the need to phone parents to have the child picked up during the field trip. If the child is unable to participate due to behavior, the parent will be asked to make alternate child care arrangements for the day. This policy must be read and signed by both parent/guardian and child.

I understand and agree with the behavior policy outlined above

Signature of parent/guardian

Date

Signature of child

Date

I have read, understand and agree with the policies, rules and regulations stated in the DROOS 2014 Parent Manual

Signature of parent/guardian

Date
