



EMERGENCY FORM

Please download this form prior to completing in order for it to submit correctly.
Please submit this form 7 days prior to the start of program.

Date:

PHOTO OF CHILD

Required for all programs.

Please provide a current colour photo of your child (download this form prior to attaching the photo).

PERSONAL INFORMATION

CHILD'S Name:

BirthDay: Gender: Male Non-binary
Female Other

Address:
CITY: PROV: PC:

Parent/Guardian #1

Parent/Guardian #2

Name:
PHONE HOME: PHONE CELL:
PHONE WORK:

Name:
PHONE HOME: PHONE CELL:
PHONE WORK:

CHILD'S Care Card Number:
CHILD'S Doctor / Walk-in clinic:

Phone #:

CHILD RELEASE & SECONDARY EMERGENCY CONTACT (Minimum one required)

Children will NOT be released to anyone with out WRITTEN AUTHORIZATION from a parent/guardian.
Please list ALL the people who are ALLOWED to pick up your child other than Parent/Guardian Listed above.

- | | | | | | |
|----|----------------------|----------|----------------------|-----------|----------------------|
| 1. | <input type="text"/> | Phone #: | <input type="text"/> | Relation: | <input type="text"/> |
| 2. | <input type="text"/> | Phone #: | <input type="text"/> | Relation: | <input type="text"/> |
| 3. | <input type="text"/> | Phone #: | <input type="text"/> | Relation: | <input type="text"/> |
| 4. | <input type="text"/> | Phone #: | <input type="text"/> | Relation: | <input type="text"/> |
| 5. | <input type="text"/> | Phone #: | <input type="text"/> | Relation: | <input type="text"/> |

COURT ORDERS

Are there currently any court orders related to your child's care in our program, including custody orders, pick up and drop off information etc.?

YES NO

If YES please attach to the back of this form.

DO NOT RELEASE Please list those who under any circumstances are NOT ALLOWED to pick up your child.

- | | | | |
|----|----------------------|-----------|----------------------|
| 1. | <input type="text"/> | Relation: | <input type="text"/> |
| 2. | <input type="text"/> | Relation: | <input type="text"/> |

HEALTH & SPECIAL CONSIDERATIONS

Does your child have any special health issues we need to be aware of? YES NO

Allergies: _____

Dietary Needs/Restrictions: _____

Special Needs/Additional Support: _____

Other: _____

Staff may request your assistance in filling out a care plan to best meet the needs of your child.

SWIMMING ABILITY

Please indicate your child's swimming ability:

Strong Swimmer
Must be 7 Years and older

Have **COMPLETED** swim kids 4 or equivalent, OR can swim 25 metres comfortably and continuously in deep water

Child may swim in deep water/deep pool without lifejacket.

Moderate and Non-Swimmer
All children 6 Years and under

Children 7 and older who have **NOT** completed swim kids 4, OR cannot swim 25 metres comfortably and continuously in deep water

Child may use shallow pool only without lifejacket. Child must wear a lifejacket in deep pool.

COMMENTS: _____

A swim assessment may be performed by lifeguards to determine if your child can use deep pool.
Staff reserve the right to change swimming ability based on swim assessment.

ADDITIONAL CONSENT

Please INITIAL each box and sign at the bottom to indicate you understand and CONSENT TO the following:

EMERGENCIES	<input type="checkbox"/>	I <u>CONSENT TO</u> a staff member calling a medical practitioner or ambulance for my child in the case of accident or illness if I cannot immediately be reached.
REFUND POLICY	<input type="checkbox"/>	I have <u>READ</u> and <u>UNDERSTAND</u> the refund policy as printed on my registration receipt.
FIELD TRIPS	<input type="checkbox"/>	I hereby <u>GIVE PERMISSION</u> for my child to participate in field trips.
PHOTOS	<input type="checkbox"/>	I <u>CONSENT TO</u> photos of my child (taken while in programs) for use in WSPR promotional material.
SUNSCREEN	<input type="checkbox"/>	I <u>CONSENT TO</u> my child participating in outdoor water activities without a t-shirt on or over their bathing suit.
PARENT HANDBOOK	<input type="checkbox"/>	I have <u>READ</u> and <u>UNDERSTAND</u> the Parent Handbook on the WSPR website.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

BASIC IMMUNIZATION SCHEDULE

This section must be filled in with EXACT DATES for licensed programs.

I choose NOT to immunize my child and agree to temporarily withdraw my child from the program should the community be facing an epidemic.

My child is up to date on all immunizations and a record is attached or dates written below

	1st Visit @ 2 months	2nd Visit @ 2 months after 1st	3rd Visit @ 2 months after 2nd	4th Visit @ 12 months of age	4th Visit @ 12 months after 3rd	5-6 Years	Grade 6
DATE of Immunizations: >							