

Health Information

Allergies: _____

Medications: _____

*An Administration of Medication form will need to be completed for any medication to be administered during program hours.

Other Medical or Health Information: _____

Are Child and Youth Immunizations up to date? Yes No

Consent to Receive Services

I, _____ (Parent/Guardian) of _____ (Child/Youth) consent to have my child/youth receive services from the BGC Wetaskiwin voluntarily and without coercion or undue influence. I understand that consent may be withheld, given or revoked by the client or guardian at any time. This consent will remain in effect for the duration of the service (August 30, 2024 – August 23, 2025). I understand and agree to receive the services delivered as part of the BGC Wetaskiwin program. Programming activities such as recreational activities and outings involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury, which may result from participating in the above-mentioned activities.

1. Traffic Accident on the van or bus while being transported to and from activities.
2. Child/youth tripping, falling, or injuring themselves while participating in programs.
3. Food allergy/choking while eating
4. A drowning while participating in a swimming activity.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the participant, or BGC Wetaskiwin, it employees/agents or the facility where the activity is taking place. By choosing to take part in the BGC Wetaskiwin programs, you are accepting risk that you/your child/youth may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities.

I have been informed of the Grievance Policy and Guiding Behavior Policy. I understand that if my child/youth discloses an intention to harm themselves or others, provide a disclosure of abuse, or if a client's file is subpoenaed by a court of law, the employee, service provider, or volunteer must, by law, report this information to the appropriate authorities. I understand my child/youth's rights as a member of BGC Wetaskiwin. I understand that if my child/youth decides to leave the program and the jurisdiction of the staff and programming area of their own free will and will not cooperate, the BGC Wetaskiwin will not be held responsible. However, a call will be placed to inform me of the situation. By signing below, consent is given to implement guiding behaviour practices.

I am aware that the BGC Wetaskiwin may share information regarding my child/youth's registration with BGC Canada and funding agencies of BGC Wetaskiwin, if required. By signing this form, I acknowledge that it is complete and if any changes occur, I will update the program as soon as possible.

Art Work, Photos and Video Recordings

I give permission for the BGC Wetaskiwin to display any work product, art work, photos and video recordings of the above-named child within the agency facilities, program spaces, websites, social media sites, and with media outlets for demonstrating impact, recognition and program promotion.

YES NO In Center Only

Release of Liability

I waive my legal rights against the BGC Wetaskiwin for any loss, injury or damage suffered during or by reason of participating in **all events, programs and activities scheduled within the City and County of Wetaskiwin**. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical, and ambulance expenses.

Parent/Guardian Signature	Date

Staff Signature	Date