

Child's Name:

Date of Birth:

Parent/Guardian Name:

Phone:

Parent/Guardian Name:

Phone:

Emergency Contact Name:

Phone:

Authorized Pick-Up Person/s:

Allergies / Intolerances:

Medical  
Conditions and/  
or Medications:

Please list any strategies or support methods you can share with regard to your child's learning, comprehension, communication, social / emotional interactions, physical abilities, or other areas, so that we can work together to provide the best recreation program experience possible:

Does your child receive support from an **Educational Assistant (EA)** or aide at school?

Yes

No

**Your child's swim level:** All children ages 7 and under must wear a lifejacket in the water at all times.

Shallow water only

Lifejacket required

Competent in deep water

Bowen Island Community Recreation will immediately notify a designated caregiver when a child is ill or needs medical attention. In the event that we cannot reach said caregivers, please sign the consent below so that we can take appropriate action on behalf of your child to provide any necessary care.

**In the event of an emergency, I authorize the staff or person(s) in charge of my child** to perform first aid, call a physician, take my child to the nearest emergency centre, or summon an ambulance for emergency medical aid. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Today's Date:

Signature of Parent/Guardian: