

MEDICAL and HEALTH INFORMATION

Allergies: _____

Does your Child carry an Epi-Pen? YES NO

Require Medications: YES NO

Require Additional Support/Inclusion Support: YES NO

If YES to any of the above, please ensure you have filled out additional care plan information, as per our Parent Handbook and website.

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

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.

ADDITIONAL CONSENT

Please INITIAL each box

EMERGENCIES

I consent to a staff member calling an ambulance for my child in the case of accident or illness. PSP Recreation will not be responsible for any associated costs to do so.

FIELD TRIPS/
TRANSPORTATION

I consent to my child using public transportation, walking, and being transported by CFB Esquimalt Transportation busses to participate in camp field trips.

SUNSCREEN/INSECT
REPELLENT
APPLICATION

I consent to allow a staff member to assist my child(ren) with the application of sunscreen/insect repellent in a ‘hand over hand’ manner, should my child(ren) require assistance.

PHOTOS

I consent to photos of my child being taken while in programs and for use in PSP Recreation promotional materials.

I DO NOT consent to photos of my child being taken while in programs and for use in PSP Recreation promotional materials.

Participant CODE
OF CONDUCT and
PARENT
HANDBOOK

I have read and understand both the Participant Code of Conduct and Parent Handbook

Please sign and date that all information is current and up to date:

Signature of Parent/Guardian: _____ Date: _____