

**17 WING DETACHMENT
DUNDURN**



Primary Guardian to Contact

First Name: _____
Last Name: _____
Age: _____
Address: _____

Country: _____ Prov _____

City: _____
Postal Code: _____

Phone 1: _____

Email: _____
Birthdate: _____

Secondary Guardian to Contact

First Name: _____
Last Name: _____
Age: _____
Address: _____

Country: _____ Prov _____
City: _____
Postal Code: _____

Phone 1: _____
Email: _____
Birthdate: _____

**PLEASE WRITE "SAME" FOR
"SAME" INFORMATION
Child**

First Name: _____
Last Name: _____
Age: _____
Birthdate: _____

Address: _____

Country: _____
Prov/State: _____
City: _____
Postal Code: _____
Phone 1: _____

Emergency Contact: _____
Emergency Contact #: _____

Health Card #: _____
Name of Physician: _____
Phone Number _____

Signature: _____
Date: _____

PSP Dundurn Medical and Contact Information Form

Emergency Contact Information (Alternate Person from Parent/Guardian)

Name: _____ Phone Number: _____

Medical Information

a) Does your child have any known ALLERGIES? NO / YES

If YES – Does your child carry an EPI-PEN? YES / NO

b) Does your child have any known MEDICAL CONDITIONS to be aware of? NO / YES

If YES – Does your child require any MEDICATION? YES / NO

If YES – Will the Recreation leader need to be responsible for making sure your child takes his/her medication properly? YES / NO

If YES, you Rec leader will follow up with a phone call prior to or on the first day of camp.

c) Does your child have any other SPECIAL CONSIDERATIONS that the camp leader should be aware of to make programming safe and fun for everyone?

Pick up Authorization.

Please list any other person(s), aside from those names listed as parent/guardian and the emergency contact, that are allowed to pick up your child from camp at the end of the day.

- 1. _____
- 2. _____

I authorize that the information above is accurate and up to date to the best of my knowledge.

Signature: _____

Date: _____



PSP Media Consent & Release Form

I hereby grant 17 Wing Detachment Dundurn and/or its Agents permission to use my photograph, image, likeness and/or name (the "materials") in any publications and in any and all other media, whether now known or hereafter existing, controlled by 17 Wing Detachment Dundurn – Personnel Support Programs, in perpetuity. I understand that these materials will become the property of Dundurn Personnel Support Programs and will not be returned. I hereby irrevocably authorize 17 Wing Detachment Dundurn – Personnel Support Programs to edit, alter, copy, exhibit, publish or distribute the materials for the purpose of promoting, publicizing or advertising PSP. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or compensation arising or related to the use of the materials and I will take no monetary or other claim against 17 Wing Detachment Dundurn for the use of the materials. I hereby hold harmless and release and forever discharge 17 Wing Detachment Dundurn and its Agents from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on behalf of my estate – have or may have by reason of this authorization. I am of the age of majority in the Province of Saskatchewan and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I further understand that my address and other personal information will remain confidential.

ON BEHALF OF A DEPENDENT UNDER 18 YEARS OF AGE:

Child's Name:

(PRINTED)

Parent/ Legal Guardian Name:

(PRINTED)

Signature _____

4

PSP Community Recreation Parent/ Guardian Spectator Code of Conduct

PSP Community Recreation programs and services play an important role in promoting safe, fun and positive experiences for all. As a department, PSP is committed to ensuring that all participants, employees and members are provided a safe and inclusive environment where everyone can participate safely and fairly. It is PSP's responsibility to ensure parents, guardians, spectators understand the process and procedures for providing a safe and inclusive space that is free from harassment and violence towards program participants, other spectators and PSP employees. It is everyone's role for creating a safe environment for children and youth to collectively participate in.

The objective of the parent/guardian spectator code of conduct is to:

1. To ensure a positive, safe and encouraging environment for all. This includes a culture that supports safety, fair play, and positive experiences for all parties involved.
2. Remind parents/guardians that children are here to participate for fun and encouraged to participate in a positive and meaningful way.
3. The ability for staff and volunteers to ensure guidelines are clearly outlined and to deal with inappropriate behavior accordingly.
4. Mobile devices, smart phones, tablets, chargers and/or any other devices are brought at your own risk, there is no safe and secure lock up for these. We are not responsible if devices are brought and damage occurs. We strongly recommend that no devices are brought to camp as they will impact activities. Any special circumstances need to be brought up with your camp staff.

To ensure our programs and spaces are safe and inclusive for all.

The following behaviors will not be tolerate in any program or facility:

- o Bullying of any kind is unacceptable
- o Loud verbal assaults
- o Inappropriate language
- o Threats and attempts to intimidate
- o Throwing of articles in a deliberate or aggressive manner
- o Aggressive behavior

I have read the above parent/guardian/spectator code of conduct and understand the policy.

Name:

Signature: _____

5

PSP Community Recreation Participant Behavior Management Policy

PSP's expectation is that the participants enjoy the program and respect others in all activities. PSP takes a positive approach to managing behaviors; striving to be fair, reasonable, consistent and ensure the safety of everyone. When behavior issues arise, PSP makes every effort to help every participant be successful by implementing the following behavior management steps; the initial step taken is based on the severity of the behavior.

Step 1 - Counseling: When a discipline incident occurs, the participant will be counseled and given a description of the behavior change required. The program employee and the participant will discuss the situation and discover ways to redirect and problem-solve the behavior.

Step 2 - Time-Out/ Break: If subsequent incidents occur, the participant may be asked to "Take a Break". A "Break" is a 5-to-10-minute period that the participant spends quietly reflecting on the incident. The program employee will discuss the expected behavior then have the participant rejoin the group/activity.

Step 3 – Parent/ Guardian/ Caregiver Contact: If a series of discipline situations occur, the participant's parent/guardian/caregiver will be contacted.

Step 4 – Suspension from program: A participant who continually disregards instructions or at any time displays negative behavior will be suspended for at least 1 day. The parent/guardian/caregiver will be contacted and required to pick the participant up before the end of program/class that day. Emergency contact person (s) will be called if parent/guardian/caregiver cannot be reached. A behavior improvement plan may be required for the participant to return to the program/class

Step 5 – Termination from program: If the participant's behavior remains unacceptable then the parent/guardian/caregiver will be informed, and the participant will be removed from the program and remaining weeks they are registered. Termination might include a longer ban from the facility or other programming. This decision should be made in consultation with the Senior Manager. Extreme behavior will result in immediate termination from the program.

Under no circumstances will the following negative control techniques be used by PSP staff:

- a. Verbal abuse of any kind: Humiliation, threatening, swearing, harassment, yelling, sarcasm, discussion of child within any child's hearing and sight;
- b. Harsh discipline of any kind: Spanking, deprivation of food or washroom privileges, confinement, prolonged restraining, physical punishment.
- c. Sexually abusive/inappropriate behavior; and
- d. Lack of Supervision: purposeful ignoring of Vulnerable Sector or leaving Vulnerable Sector unsupervised.

I, the parent/guardian, have read the above Participant Behavior Management Policy and understand the policy.

Name:

Signature _____

6



GENERAL

NAME:

LIKES:

DISLIKES:

Fears and/ or known trigger activities or stimuli:]

Known stimuli or activities to help soothe or calm your child:

Diagnosis/ Condition:

MOBILITY

Any notes regarding mobility? I.e. stamina, balance , self-movement etc.

PERSONAL CARE

Does your child require assistance at meals time?

Please describe the necessary information to better support.

Does your child require assistance with toileting? i.e. supervision, diapers, menstrual supplies or bathroom break reminders.

SENSORY

Does your child have concerns with sensory input?

I.e. sounds, visual, textures, smells etc.

SOCIAL

How does your child act in social situations?

One-on-one vs. Groups

How does your child interact with adults or authority figures?

COMMUNICATION

Does your child have difficulty communicating their feelings/ emotions?

Explain

BEHAVIOUR

What are some common behaviors that your child portrays that staff should need to be aware of?

What are some strategies that help to de-escalate your child's emotions?

MEDICATION

Is your child currently taking medication?

Is your child required to take the medication during the program hours?

Please list medications and use (Complete permission to administer medication form)

ADDITIONAL INFORMATION & RESOURCES What strategies and accommodations can our team incorporate to best support your child?

Please list any additional information that you feel will enhance your child's experience.

Name:

Signature: _____