

LICENSED After School Care Program

JUAN DE FUCA RECREATION CENTRE EMERGENCY FORM

Please complete and return to Reception Desk prior to start of program.



First Day
of Attendance:

Last Date
of Attendance:

PERSONAL INFORMATION

Child's Name:

CHILD

Reponds to:

Birthday:

Sex:

M F

Street Address:

CITY:

PROV:

PC:

Please attach
a current photo
of your child.

(With in one year.)

Parent/Guardian
Emergency Contact #1

Home Phone:

Work Phone:

Cell Phone:

E-Mail:

Parent/Guardian
Emergency Contact #2

Home Phone:

Work Phone:

Cell Phone:

E-Mail:

CHILD'S

Medical Doctor:

CHILD'S

Dentist:

CHILD'S

Medical Number:

Phone #:

Phone #:

CUSTODY ORDERS

Are there currently any custody orders? YES NO (IF YES PLEASE ATTACH TO BACK)

CHILD RELEASE

Children will NOT be released to anyone with out WRITTEN AUTHORIZATION from a parent/guardian.

RELEASE Please list ALL the people who are ALLOWED to pick up your child.

1.

Phone #:

Relation:

2.

Phone #:

Relation:

3.

Phone #:

Relation:

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

1.

Relation:

2.

Relation:

3.

Relation:

HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of, to better meet your child's needs. (Check Appropriate Boxes)

Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Seizures:	<input type="checkbox"/>
Behavioral Concerns	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Medical or Health Conditions/Restrictions	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Explain further what these considerations are?

How can our staff better meet your child's needs?

A Staff Member may contact you for further clarification.

SWIMMING ABILITY

Please indicate your child's swimming ability:

Strong Swimmer (Deep Water/ Deep Pool)	<input type="checkbox"/>	Capable Swimmer (Up to Shoulder/ Shallow End of Big Pool)	<input type="checkbox"/>	Weak Swimmer Waist Deep/ Shallow End of Big Pool	<input type="checkbox"/>	Non- Swimmer Shallow Water Small Pool Only	<input type="checkbox"/>
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Please indicate child's Red Cross Swim Kids Level or any further swimming comments:

EMERGENCIES

1. It is our policy that we notify a parent or guardian when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. This consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: **DATE:**

FIELD TRIPS

By signing below, you are also giving your permission for your child to join us on fieldtrips.

SIGNATURE OF PARENT/GUARDIAN: **DATE:**

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) to be used in future JdF promotional material.

SIGNATURE OF PARENT/GUARDIAN: **DATE:**

BASIC IMMUNIZATION SCHEDULE — Vancouver Island Health Authority — South

Please indicate the date immunizations were received:

This section must be filled in with exact dates before your child attends programs with West Shore Parks & Recreation.

If you have chosen to **NOT** participate in the immunization schedule please **SIGN HERE:** _____

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 visit.	5-6 Years	Grade 6
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DATE Of Immunization							
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Diphtheria	•	•	•		•	•	
Pertussis	•	•	•		•	•	
Tetnus	•	•	•		•	•	
Poliomyelitis	•	•	•		•	•	
HIB (1)	•	•	•		•		
Hepatitis B	• (2)	• (2)	• (2)				• • (3)
Pneumococcal Conjugate	• (4)	• (4)	• (4)		• (4)		
Measles/Mumps/ Rubella				•			
Meningococcal C Conjugate	5			• (5)			• (7)
Varicella (Chickenpox)				• (8)		• (9)	• (9)

- HIB protects against Haemophilus influenzae B which may cause meningitis.
- Hepatitis B immunization program for Children born on or after January 1, 2001.
- Grade 6 Hepatitis B for children who were not previously immunized.
- Pneumococcal Conjugate for children born on or after July 1, 2003
- Meningococcal C Conjugate:
 - for children born on or after April 1, 2005 one dose at 2 months of age and one dose at 1 year of age.
 - for children born on or after July 1, 2002 one dose at 12 months of age.
- All First Nations Children ages 2-59 months, should receive an age-appropriate series of Pneumococcal Conjugate vaccine.
- Grade 6 and Meningococcal C Conjugate:
 - for children who were not previously immunized.
- Varicella (Chickenpox) for children, born on or after January 1, 2004, who have not had chickenpox disease, shingles or previous dose of Varicella vaccine.
- Varicella (Chickenpox) for children who have not had chickenpox disease, shingles or previous dose of Varicella vaccine.