

# SUMMER CAMP at Centennial Centre

WEST SHORE PARKS & RECREATION **EMERGENCY FORM**

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



**Place an 'X' for each week registered**

	Jun 29-Jul 3	July 6-10	July 13-17	July 20-24	Jul 27-31	Aug 4-7	Aug 10-14	Aug 17-21	Aug 24-28	Aug 31-Se 4
Funseekers <i>Licensed</i>										
Suncatchers										
Fun, Fast & Fresh										
Young Chef on the Run										
Sportball Ecoquest										
Rhythmic Gymnastics										
Acting Out										
Accessory Camp										
Funky Fashion Camp										
Rhythmic Kindergym										
Beginner Ballet Camp										
Ballet & Jazz Combo										
Ballet Jazz and Crafts										
Little Ballerinas										
Tots in Tights										
Broadway & Jazz										
Tappin' Ballerinas										
Hip Hop & Funk										

## PERSONAL INFORMATION

**Child's Name:**

CHILD  
**Reponds to:**  **Birthday:**  **Sex:** M  F

**Street Address:** \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ PC: \_\_\_\_\_

**Funseekers Only**

Please attach a current photo of your child.  
(With in one year.)

## PARENT/GAURDIAN INFORMATION

<b>Parent/Guardian</b> <i>Emergency Contact #1</i>	<input type="text"/>	<b>Parent/Guardian</b> <i>Emergency Contact #2</i>	<input type="text"/>
Home Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Work Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
E-Mail:	<input type="text"/>	E-Mail:	<input type="text"/>

**MEDICAL INFORMATION**

CHILD'S <b>Medical Doctor:</b>	
CHILD'S <b>Dentist:</b>	
CHILD'S <b>Medical Number:</b>	

<b>Phone #:</b>	
<b>Phone #:</b>	

**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.		<b>Phone #:</b>		<b>Relation:</b>	
2.		<b>Phone #:</b>		<b>Relation:</b>	
3.		<b>Phone #:</b>		<b>Relation:</b>	

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

1.		<b>Relation:</b>	
2.		<b>Relation:</b>	
3.		<b>Relation:</b>	

**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)

**Capable Swimmer**   
 (Up to Shoulder/  
 Shallow End  
 of Big Pool)

**Weak Swimmer**   
 Waist Deep/  
 Shallow End  
 of Big Pool

**Non- Swimmer**   
 Shallow Water  
 Small Pool Only

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 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 West Shore Parks & Recreation promotional material.

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

**BASIC IMMUNIZATION SCHEDULE — Vancouver Island Health Authority — South**

**FOR FUNSEEKERS ONLY**

**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.