

SUMMER CAMP at Juan de Fuca Recreation 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
Junior Kindercamp										
Sunshine Kindercamp										
Pre or Post Camp										
Jr Sizzlers <i>Licensed</i>										
Sizzlers <i>Licensed</i>										
Cool Capers										
Sunraiders										
Action Adventure										
Crafty Kids										
Junior Sports Camp										
Sports Action Camp										
Cooking Chaos										
Rhythmic Kindergym										
Thrifty's World Cup										
Soccertron Tots										
Sportball Camp										
Martial Tots										
Crafty Campers										
Silly Science Camp										
Intro to Kindergarten										
Tennis Camp										
Sportball EcoQuest										
Sportball Camp										
Claymation										
Basketball Camp										
Extreme Experiments										
Thrifty's World Cup										
Soccertron										
Other:										
Other:										

PERSONAL INFORMATION

Child's Name:

CHILD
Reponds to:

Birthday:

Sex:

M F

Street Address:

CITY: _____ PROV: _____ PC: _____

Summer Sizzlers &
Jr. Sizzlers Only

Please attach
a current photo
of your child.

(With in one year.)

PARENT/GAURDIAN INFORMATION

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:

MEDICAL INFORMATION

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

FOR SUMMER SIZZLERS AND JR SIZZLERS

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.