

REGISTRATION AND MEDICAL DISCLOSURE FORM

Please complete this form, and attach payment.

Collection and retention of information requested on this form is authorized and governed by the BC School Act and the Freedom of Information and Protection of Privacy Act.

Student Name _____ Birth Date _____ Grade _____ Div. _____ Gender _____
Address _____ Parents Name _____
Phone Number _____ 2nd Phone Number _____ Email _____

Medical Information

B.C. Medical Services Plan Health No. _____

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above _____

Carries Epi. pen? Yes No Inhaler? Yes No Medical Alert Bracelet? Yes No

Date of last Tetanus shot _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.)

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatments of such):

Other Health/Medical/Dietary concerns/restrictions:

Name of Physician _____ Phone Number _____

Emergency Contact _____ Relation _____ Phone _____

2nd Emergency Contact _____ Relation _____ Phone _____

Additional Information

How will your child be getting home?

Walking home Pick up (who will be picking up your child?) _____

I consent to have my child's picture used in any social media, or advertisement projects conducted by the Community Schools Partnership for any of their programs. Yes No

Acknowledgment of Consent and Risk

Parent/ Guardian who is filling this form: I _____ (Parent/Guardian name printed) hereby give permission for my son/daughter to participate in this program. Should it become necessary for my child to have medical attention, I hereby give the Community Schools Team staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

The qualified staff and volunteers have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills. While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities you are agreeing that the activities described are suitable for your child, and that there is a risk of injury associated with the activities.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administration, instructors, and supervisors, overall all phases of the programs/activities.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

(Name of Parent/Guardian) give permission for
(Name of Student) to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.

Date: _____ Name (Print) _____ Parent/Guardian Signature _____

COMMUNITY SCHOOLS PARTNERSHIP

Play Day

**Registration and Medical
Disclosure Form**

CSP is presenting a single-day day camp on Pro. D day for all Delta School District students from Kindergarten to Grade 3. The day will consist of exciting arts and crafts activities and fun interactive gym games!

LOCATION: North Delta Secondary School
11447 82 Ave, Delta, BC V4C 5J6

Date/Time: Friday, May 19th, 2017
9:00am – 3:00pm

Gym Games	Arts and Crafts
4 Corner Soccer Octopus Where the Wind Blows Cat and Mouse Night in the Museum And more!	Painting Drawing Paper and Glue crafts Construction & Sculpture Beads & Jewellery Fabric Projects

**EARLY BIRD COST: \$15.00 per child
(DEADLINE Friday, May 5th, 2017)**

**REGULAR COST: \$25.00 per child
LAST DAY TO REGISTER: Friday, May 12th, 2017**

*****Note: Make sure to pack a lunch, snack, and water!***

Method of payment:

Please make payment by CHEQUE to DELTA SCHOOL DISTRICT. Thank You.

For more information please contact Nisha Ram
by phone at 778-990-5539 or via email at cspdelta@gmail.com