

Town of High Level Program INFORMED CONSENT

PROGRAM NAME: _____

Child's Name: _____

Parent(s) Guardian Name(s): _____

Home Number: _____ **Work Number:** _____

Mailing Address: _____

Child's Birthday: _____

Medical Conditions: _____

Emergency Contact Person: _____

Emergency Phone Number: _____

Alberta Health Care Number: _____

PICK UP POLICY

Select one of the following options, check one box only:

The following people are authorized to pick-up _____ (child's name)

1. _____ 3. _____

2. _____ 4. _____

_____ (child's name) is allowed to leave the program each day unaccompanied by adult supervision.

PHOTO RELEASE

YES

NO

I give permission to have my child(rens) picture taken while at any town programming. I understand these pictures may be published in the ECHO, or in advertising for the program. The child(rens) name(s) may be attached to these pictures.

TURN OVER AND SIGN



I AM AWARE AND ACKNOWLEDGE that the Program involves many inherent RISKS, which Risks include, but are not limited to the possibility of personal injury such as skin abrasions, nerve, bone, spinal cord and neck damage, pain, paralysis, brain injuries or even death, property damage and property loss.

I UNDERSTAND that the above activities require minimum level of fitness and physical, mental and emotional health (collectively “health”). I further understand that the probability of the Risks occurring depends in part on my Child’s level of fitness and health as well as on the awareness, care and skill with which my Child conducts him or herself in the Program.

I WARRANT that my Child is physically, mentally and emotionally fit to participate in the Program.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

- a. By choosing to have my Child participate in the Program brings with it the assumption by me and by my Child of the Risks, and **I ASSUME FULL RESPONSIBILITY** to instruct my Child about the Risks and the choices available to him or her relative to those Risks.
- b. I am free to withdraw my Child from the Program at any time. In any case, I agree to withdraw my Child from the Program immediately if my Child begins to experience any sign of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea or other similar ailments.
- c. The Town of High Level is not responsible for administering medications to my Child or for providing any medical treatment whether on an emergency basis or any other basis. If my Child takes medication it is my responsibility to see that he or she does so.
- d. The Program may be conducted by personnel whose skills and competencies vary according to their training and experience and that the Program may be provided by persons who are not employed by the Town. **IT IS MY RESPONSIBILITY** to determine whether or not I am satisfied with the Program Personnel, and I understand the Town assumes no responsibility for the skill and competence of such personnel.

I declare that I have read and understood the contents of the Informed Consent, Pick-up Policy, and the Photo Release in its entirety:

This _____ day of _____.

Parent/Guardian Signature

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of Town of High Level Community Programming.