



CONSENTS FOR CHILDREN'S CAMPS

CONSENT FOR EMERGENCY CARE AND TRANSPORTATION

If at any time medical attention is necessary, due to such circumstances as an injury or sudden illness, I authorize the Community Services Recreation Staff to take whatever emergency measures they deem necessary, for the protection of my child(ren) _____, _____, _____ while in their care.

I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital or physician's office, including the possible use of an ambulance. Closest hospital is the Dawson Creek General Hospital (11100 – 13th Street).

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, are the responsibility of the parent/legal guardian.

Date Parent/Guardian Name (Print) Signature

CONSENT FOR PLANNED/SPONTANEOUS LOCAL FIELD TRIPS

I accept and understand that my child(ren) _____, _____, _____ will be participating in planned and/or spontaneous local field trips (such as the park, library, etc.) with childcare staff. I understand that children will be walking utilize Step Up n Ride busses, SD #59 buses, the local transit and any other insured chauffeur to reach their destination.

Date Parent/Guardian Name (Print) Signature

CONSENT FOR PHOTO PERMISSION

I do / don't give consent for my child(ren) _____, _____, _____ to be photographed by the Licensee (caregiver), and/or the media. I understand the City of Dawson Creek uses photos for publicity, displays, and used in publications.

Date Parent/Guardian Name (Print) Signature

CONSENT FOR SUNSCREEN

I do / don't give consent for my child(ren) _____, _____, _____ to have sunscreen applied. The recommended time to apply sunscreen is 20 – 30 minutes prior to going outside.

Date Parent/Guardian Name (Print) Signature

CONSENT FOR BUG REPELLANT

I do / don't give consent for my child(ren) _____, _____, _____ to have bug repellent applied.

Date Parent/Guardian Name (Print) Signature

CONSENT FOR STAFF TO ADMINISTER ANTIHISTAMINE/ALLERGY MEDICATION IN THE EVENT OF A BEE STING

I do / don't give consent for my child(ren) _____, _____, _____ to have bug repellent applied.

Date Parent/Guardian Name (Print) Signature