



Harmony Kids Program

Please note: all information collected will remain confidential according to the privacy act (FIPPA).

PERSONAL INFORMATION

Last Name: _____

First Name: _____ Age: _____ Birthdate: _____ Gender: _____

First Name: _____ Age: _____ Birthdate: _____ Gender: _____

Phone #: _____

Address: _____

Lives with: Both Parents Mother Father Joint Custody Guardian Foster Parent

Email address: _____

Mother/Guardian: (print name) _____ Cell _____

Father/Guardian: (print name) _____ Cell _____

Who do you want us to contact in the event of an emergency? _____

Alternate Contact: (please print full name) _____

Alternate Contact Phone #: _____

Alternate Contact's Relation to Child: _____

Please list the full names of any other people you will allow to drop-off/pick-up your child:

For the safety of the children the staff will not allow children to be released to anyone unless their name is listed above and they present a valid photo ID.

HEALTH INFORMATION

Family Doctor: _____ Phone # _____

Health Card #: _____

ALLERGIES/ASTHMA (please circle)

Does your child have any severe allergies? Yes / No Do they have an Epi Pen? Yes / No

Does your child have asthma? Yes / No Do they carry an inhaler? Yes / No

If yes, please list any allergies such as food, insect stings, drugs, etc. Please explain asthma symptoms and level of severity.

Allergy/ Asthma

Rate Severity

_____ 1 2 3 4

_____ 1 2 3 4

_____ 1 2 3 4

DIETARY RESTRICTIONS

Specific Type of Reaction & Usual Treatment

Please list any foods your child should not eat for medical, dietary, or religious reasons. If foods are life threatening, please explain the symptoms.

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? Yes / No If yes, please explain:

Warning: Please Read Carefully. By signing this document, you accept important legal obligations and waiver legal rights.

I, the parent/guardian of (fill in full name of child/children) _____ / _____, understand that this is a legal agreement and by my signature below, I freely understand and accept that I am giving up certain legal rights. I am aware of and agree to allow my child to participate in the activities as part of the Harmony Kids program offered by Harmony Baptist Church. Such activities include, but are not limited to: indoor and outdoor wide area games, sporting events, and off-site field trips (collectively the "Activities"). I understand that there are risks involved with participating in activities of this nature and that injury, illness and even death could result. **I freely and fully accept all risks, damages, dangers and hazards, and the possibility of personal injury, death, permanent disability, property damages, and/or loss resulting therefrom.**

In the event of an emergency, I understand that it may be necessary to obtain medical treatment/administer first aid and/or transport my child to a medical facility and hereby grant my consent to Harmony Baptist Church to transport my child to the nearest medical facility and assume full liability for any costs related to the treatment and transportation of my child.

I hereby release, indemnify, and hold harmless, Harmony Baptist Church and its directors, corporation members, staff, agents, volunteers, members and representatives from: a) any personal injury, accident or damage to the above named child or his/her property; b) any claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise due to the above named **child's participation in the Activities**; and c) any and all liability for any damage to the **personal property of or personal injury to, any third party resulting from the above named child's** participation in the Activities.

I understand that this is a legal agreement that is bound upon my heirs, executors, my administrators, successors, assigns, and myself. I acknowledge that I have read and understand the terms of this agreement and acknowledge that by signing this agreement I am voluntarily agreeing to abide by its terms and conditions and I am waiving certain legal rights that my child or I may have.

Parent/Guardian Name (Please Print Name)

Date

Signature

Witness (Please Print Name)

Date

Signature