



## Emergency Contact and Consent Form – Playground Program

Child Name \_\_\_\_\_

### Emergency Contact(s)

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

### Medical Information

Known medical conditions \_\_\_\_\_

Known allergies (including food) \_\_\_\_\_

Current medications \_\_\_\_\_

If any medications will be required while at the Playground Program please fill out the Medication

### Consent Form Person(s) Permitted to Pick-up Child

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

### Photograph Release

- I give permission for City of Oshawa staff to take photographs of my child during the Playground Program for potential use in future promotional materials

### Food Consent

- I give permission for City of Oshawa staff to give my child food or drink as a part of the program

I understand that by signing below I am agreeing that my child will only be released to the person(s) whom I have identified above as Emergency Contact or Person Permitted to Pick-up Child and the person(s) may be required to show proof of identification. I hereby release the City of Oshawa and its staff from any legal liability and from all claims that may arise due to or relating to my child leaving camps with the Emergency Contact or Person Permitted to Pick-up Child noted herein.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_