

DALHOUSIE CHILDREN AND YOUTH PROGRAM/CAMP - APPENDIX A

GUARDIAN WAIVER AND RELEASE OF LIABILITY FORM

Child's Name:

Please list the camps your child is registered for: Camp Name: Date:
Camp Name: Date:

CONSENT AND WAIVER OF LIABILITY

In consideration of (name of child) being permitted to participate in the Dalhousie Camps named above (the "Camp"), I, , the undersigned parent or legal guardian of the Child, on behalf of myself, my heirs, executors, administrators, and assigns, hereby:

1. Understand, appreciate and accept the inherent physical risks of the Camp, including that serious injury is possible and may result from my child's actions, the actions or interactions of others, or a combination of both.
2. Understand, appreciate and accept the inherent risk of exposure to COVID-19 that exists by attending the Camp and agree to comply with all directives from Camp staff related to COVID-19, including all requirements for social distancing.
3. Agree to be solely responsible for any personal property loss or damage, and/or any personal injury sustained by my child unless such loss damage or injury was caused by sole negligence of Dalhousie University, its employees or agents.
4. Have read, understand, and discussed the Camp Code of Conduct with the participant. I understand that failure to comply with the Camp Code of Conduct may result in my child being suspended and/or removed from the camp program.
5. Give permission to have photos and videos taken of my child during the Camp, which may then be used for promotional purposes by Dalhousie University and its affiliates.
6. Give permission for my child to participate in the Camp.

I understand and agree to the above.

Parent Name: Date:
Signed:

PICK-UP ARRANGEMENTS:

IMPORTANT! Photo ID and signature will be required at daily check out before children can be dismissed from camp. Also, children under the age of 12 will not be permitted to leave with anyone under 16 years of age (even if that person is a sibling).

I hereby authorize the following, to pick up my child from the Camp. If there are any changes in these arrangements, I will let the program staff know in writing in advance.

Name: Phone Number:
Relationship to child:
Name: Phone Number:
Relationship to child:

Is the participant permitted to leave camp on his/her own at the end of the day (**only permitted for children over the age of 12)?

Yes No

If there are any custody restrictions regarding your child, please contact the Camps Coordinator: 902-899-5086 or rams@dal.ca

Parent Name: Date:
Signed:

DALHOUSIE CHILDREN AND YOUTH PROGRAM/CAMP - APPENDIX B

SUPPLEMENTAL INFORMATION - MEDICAL FORM

Names of Parents or Guardians:

Address:

Phone Numbers (Home): (Work): (Cell):

Child's Health Card Number Expires (mm/dd/yyyy)

If parent or guardian is not available in an emergency, notify (Relationship to participant):

(Home): (Work): (Cell):

Does your child have any allergies? Yes No

If yes, please explain:

Does your child have any health concern (i.e. asthma, diabetes, developmental and/or physical disabilities, mental health concerns, traumatic past, etc.) Yes No

If yes, please explain:

Please list below any medications which may need to be taken that should be known in the event of a medical emergency.

Describe procedures for administering medication(s):

Other comments or suggestions we should be aware of:

MEDICAL TREATMENT AUTHORIZATION:

I further understand that, in the event my child requires medical or dental treatment while engaged in activities with the program reasonable efforts will be made to contact a parent or guardian; however, if a parent or guardian cannot be reached, I hereby consent and give permission to the director, officer, employee, or volunteer acting on behalf of the program as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the province where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my and my children's medical allergies, medications being taken, medical problems and other pertinent information. If there are any changes, I will notify the staff and/or director of the program. This WAIVER OF LIABILITY AND RELEASE AND MEDICAL INFORMATION FORM is effective throughout the program for which my child is registered and may not be revoked, altered, amended or avoided at any time.

Parent Name: Date:

Signed:

ANAPHYLAXIS ACTION FORMChild's Name: Date of Birth: Gender: PARENT/GUARDIAN NAME: Main Contact #: Alternate #: EMERGENCY CONTACT NAME: Main Contact #: Alternate #:

What is your child allergic to?

Medication: Health Card Number: **ANAPHYLAXIS PREVENTION STRATEGIES****PARENT RESPONSIBILITIES**

- Inform staff of allergy, emergency treatment and location of EpiPen
- Encourage child wear a Medical Alert bracelet or necklace
- Ensure child with food allergies only eats food/drinks from home (except for approved cafeteria lunches)
- Discuss appropriate location of EpiPen with the child and staff
- EpiPen must be labeled with child's name
- Ensure EpiPen is packed in appropriate location and sent to camp every day

STAFF RESPONSIBILITIES

- Clearly label Anaphylaxis Action Form received from the parents/guardians
- Inform staff of the camp participant's allergies prior to the start of program
- Inform all staff (including any substitute staff) of child with anaphylaxis of the emergency treatment plan and location of EpiPen
- Avoid allergenic food in art/craft activities
- Encourage children NOT to share food, drinks or utensils
- Encourage children to wash/disinfect hands before and after meals/snacks
- Provide alternative eating environment for participants who have allergies included in their lunch/snacks

EMERGENCY PLAN:EpiPen with participant? Yes No (IF NO PLEASE STATE WHY)If **YES** – EpiPen location:

(Recommended child carry EpiPen and/or it is placed in the program emergency first aid pack)

If **NO** – then please state reason:**STANDARD EMERGENCY PLAN:**

- 1) Administer epinephrine auto-injector (Eg. EpiPen or Allerject)
- 2) Call 911 and Dalhousie Security Emergency Line - 902-494-4109
- 3) Notify parents
- 4) Ambulance transports child to hospital

Parent Name: Signature: Date: