Huron Feathers Day Camp 2024

Consent Form and Medical Release

Both sides of this form must be completed, signed and returned to Huron Feathers in order for your child to participate in the Day Camp.

All information collected is CONFIDENTIAL and for the sole purpose of Huron Feathers Presbyterian Centre. It will not be shared with third parties. Only persons with legitimate need will have access to any information obtained. I consent to and give my child permission to participate in the following:

Activity:	**Huron Feathers Day Camp**
Location:	**Huron Feathers Presbyterian Centre & Sauble Beach (at 3rd St. N.)**
	303 Lakeshore Blvd. N. Sauble Beach, ON
Phone:	**548-365-2096 (Centre)**
Time:	**9:30 am to 12:30 pm each day**
Dates:	_____

Child's name: _____ Date of Birth: dd/mm/yyyy _____

Gender: ____ Parents/Step-parents/Guardians: _____

Local Address _____

Local Phone # (home / cottage) _____ (mobile)_____

Permanent Address _____ Postal Code_____

Permanent Phone # _____ School grade (Sept/24): _____

Email address: _____

Alternate emergency contact name and phone # _____

PLEASE READ AND SIGN:

I confirm and consent to my child participating in various indoor and outdoor activities during Day Camp. Weather permitting, each day will include an optional recreational swim at Sauble Beach. Children will be supervised by the staff of Huron Feathers Presbyterian Centre. Approved students from our Skills and Leadership Training (S.A.L.T.) program will assist the staff with supervision. All reasonable precautions for the safety and health of the participants will be taken. Children will be properly supervised in all activities. *

In the event of accident or sickness, I hereby release Huron Feathers Presbyterian Centre, its Board, staff and volunteers from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me should such a situation occur.

I confirm that my child is covered by provincial health insurance or equivalent medical coverage.

I consent to any photos or videos taken of my child during the course of Day Camp activities being published on future Huron Feathers promotional flyers, Huron Feathers website, Facebook page etc. Only staff and Board members are allowed to take pictures.

____ Yes ____ No

Signature of Parent/Guardian: _____ Date: _____

Print name: _____

Allergies/Medications/Medical concerns:

Does your child have any severe allergies? (bee stings, food, nuts **, penicillin, other drugs) YES ___ NO ___

If yes, please explain: _____

Children are required to bring their own snacks each day for Day Camp. We are a nut free facility!

Does your child have any life-threatening allergies? ** YES ___ NO ___

If yes, please explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES ___ NO ___

If yes, please explain: _____

Date of last Tetanus shot: _____

Is your child bringing any medication with him or her? (Epi-pen, antibiotics, Ventolin, Ritalin) YES ___ NO ___

If yes, please explain: _____

Provincial Health Insurance Number _____

Name of Family Physician _____

Physician's Phone Number _____

PLEASE INFORM CAMP DIRECTOR IF THERE ARE ANY CUSTODIAL CONCERNS FOR YOUR CHILD.

You may release my child to any of the following individuals:

Or

My child may be transported by any of the following individuals:

(please include full name and relationship to the child)

1. _____

2. _____

3. _____

* Huron Feathers staff have been selected on the basis of their commitment to God, love for kids as well as previous experience working with children and youth. All staff are trained in First Aid and CPR. Our staff includes one Waterfront National Lifesaving Society lifeguard and a Bronze Cross certified staff. S.A.L.T. volunteers are selected from students age 13 and up who desire to contribute to the Huron Feathers community and to grow in their own leadership skills. L.I.T.s are selected from students age 11-13, who want to assist with the Huron Feathers Day Camp and grow as young leaders.

**Huron Feathers strives to provide a nut-free environment for all participants. However, campers having potentially life-threatening conditions such as peanut allergies are required to carry at least one set of medication, be familiar with its use, and carry the medication with them at all times in a fanny pack.

We would ask parents who have any concerns to please contact a Board member with your concerns and NOT staff.

By signing below, I confirm that the above medical information is accurate and complete:

_____ _____

Parent/Step-Parent/Guardian's signature Date

_____

Print name