



Recreation Programming | Participant Information Form

Name of Participant: _____ **Birth Date:** _____
Address: _____ **Postal Code:** _____
Name of program/camp: _____
Location: _____ **Start Date:** _____

Name of Parent/Guardian: _____
Home Phone: _____ **Work:** _____ **Cell Phone:** _____
Home Phone: _____ **Work:** _____ **Cell Phone:** _____

Emergency contact: (Different than Parent/Guardian)

Name: _____ **Relationship to Participant:** _____
Home Phone: _____ **Work:** _____ **Cell Phone:** _____

Pick-Up Arrangements

1. I hereby authorize the following, to pick up the participant each day. If there are any changes in these arrangements, I will let the program staff know (in writing) in advance.

Name: _____ **Phone:** _____
Relationship to participant: _____

Name: _____ **Phone:** _____
Relationship to participant: _____

2. Is the participant permitted to walk home at the end of the program each day? Yes _____ No _____

Parent/Guardian Signature: _____

Health Information

Family Doctor: _____ **Phone:** _____
Does the participant have a disability or require support? Yes _____ No _____

If yes, please specify and include any information our staff may need to know by answering the questions on the Inclusion Support Information Sheet.

Medication/Allergies

1. Does the participant require medication? Yes _____ No _____

If yes, please explain: _____

2. Do you require medication to be administered or stored by staff during the program? Yes _____ No _____

If yes, please fill in the required medical forms.

3. Does the participant have any allergies? (Food/drug/environmental) Yes _____ No _____

If yes, please indicate each and the treatment required: _____

4. Does the participant have a life-threatening allergy? (Anaphylaxis) Yes _____ No _____

5. Does the treatment for this allergy involve the use of an EpiPen®? Yes _____ No _____

Parent/Guardian Signature: _____

Authorization

1. I authorize staff to secure medical advice and services, as deemed necessary, for the health and safety of the participant.

Parent/Guardian Signature: _____

2. I have read, understood, and discussed the *Program Behaviour Policy and Procedures* with the participant(s).

Parent/Guardian Signature: _____

3. I have completed the Photo Release Form.

Parent/Guardian Signature: _____

If the participant requires Recreation Programming Staff to administer and/or store medication (prescription and/or non-prescription), please obtain the necessary medical forms online at www.halifax.ca/rec/forms or from your Community Recreation Centre. Completed Medical forms are required and to be returned to the Community Recreation Centre prior to the start of the program.

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by HRM staff and, if necessary, individuals under service contract with HRM for purposes relating to recreation program administration. If you have any questions about the collection and use of this information, please contact HRM's Access and Privacy Office at 902-490-4390 or accessandprivacy@halifax.ca