



City of Langley  
Recreation, Culture and Community Services Department

# MEDICAL INFORMATION AND RELEASE FORM

*Personal information contained on this form is required for the operation of the Program and is collected under Section 26(c) of the Freedom of Information and Privacy Act.  
This information is kept confidential.*

Date: \_\_\_\_\_ Program: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **IN CASE OF EMERGENCY, PLEASE CONTACT:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **A. CHILD RELEASE**

In addition to the parent/guardian(s) named above, the following person(s) are authorized to remove the above-mentioned child from the facility.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **B. MEDICAL INFORMATION**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Care Card #: \_\_\_\_\_

1. Does the participant have any medical conditions (including allergies) or take any medications that we should know about? If yes, please list prescriptions and dosages:

2. Does the participant have any fears we should be aware of? (water, bees etc.)

3. Does your child require support to participate in camp (physical, behavioural)?      Yes      No  
If yes, please email [recreation@langleycity.ca](mailto:recreation@langleycity.ca)

4. Please list any family information or special instructions that the instructors should be aware of:

**C. RELEASE**

In consideration of me and/or my child participating in this program, I recognize that there are inherent risks associated. I hereby agree to release the City of Langley from all claims, liabilities, obligations and costs which I may have against the City of Langley and their respective agents, servants and representatives, arising out of injury, loss or damage while I or my child participate in the program, whether or not arising out of any negligence on the part of the City of Langley, or their respective agents, servants or representatives.

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

**D. MEDICAL RELEASE**


In the event that my child \_\_\_\_\_ is injured, ill, or in need of medical attention and I am unable to be contacted, I authorize the City of Langley Recreation, Culture and Community Services Department staff or agents to seek medical attention and/or admit my child to hospital.

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

**E. FIELDTRIP CONSENT**

I hereby give permission for my child \_\_\_\_\_ to participate in supervised field trips with City of Langley Recreation, Culture and Community Services Department staff. The method of transportation may include walking, charter bus, public transportation or rental van. Activities may include swimming. A detailed fieldtrip information sheet will be provided for youth outings.

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



# City of Langley

## PHOTOGRAPH/VIDEO WAIVER RELEASE

The City of Langley (City) asks for your permission to take one or more photographs of you and/or your child and to use, reproduce, and release to others such photographs. By signing this Photograph Waiver/Release you are agreeing to this on the terms set out in this document.

I, \_\_\_\_\_ *(please print name)*, agree to permit the City to take one or more photographs/video of me and/or my child and to use, reproduce and release to others such images, whether in photographic, digital, electronic or other form without payment or other compensation to me or my child, for any City purposes. Such purposes may include using them in City publications, posters, its internet website or other media, for promotional, social, recreational, cultural, educational, research, commercial, good will and archival purposes. The City may also provide these photographs to a third party providing a service for the City for use in connection with providing that service. I understand that my image or that of my child could possibly be seen worldwide. I agree not to sue the City or its employees, officials, officers, volunteers, representatives, agents or contractors, or bring claims or demands of any nature against any of them in connection with any matters referred to in this Photograph Waiver/Release including, without limitation, the use, reproduction or release of my image or that of my child.

I also agree to the inclusion of my name, and/or my child's name in connection any of the matters referred to herein:     Yes     No

Personal contact information will be treated as confidential, subject to any statutory requirements or lawful orders or directives, unless you consent in writing to a further request for its release.

Participant's / Child's Name	Age of Participant / Child

\_\_\_\_\_  
Signature (or Parent's Signature – *for child 18 yrs. and under*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email or other Contact Address

\_\_\_\_\_  
Phone Number

*(For City of Langley Office Use Only)*

**Activity/Event & Location:** \_\_\_\_\_

**Photo/Video Description (of person):** \_\_\_\_\_

Photographer/ Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Videographer: \_\_\_\_\_

Photo/Video Title or Number: \_\_\_\_\_

Location in (P:) Drive: \_\_\_\_\_