



MEDICAL INFORMATION AND RELEASE

This form must be completed in order for your child to participate in our programs.

Please PRINT all information and fill out completely.

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: _____

please
circle

Name of Parent/Guardian: _____

Parent/Guardian email: _____

Address: _____ Postal Code: _____

Birthdate: _____ Phone: _____ Cell phone: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Home phone: _____ Cell phone: _____

A. MEDICAL INFORMATION

Doctor's Name: _____ **Phone:** _____ **Care Card No.:** _____

1. Does the participant have any medical conditions or take any medications that we should know about?
(Asthma, Allergies etc.) _____

If yes, please list prescriptions and dosages: _____

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

3. Does the participant have any allergies? (include those to food, medication, environment) _____

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

B. 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

C. 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

D. 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 number: _____

Name: _____ Relationship to child: _____
Phone number: _____ Cell number: _____

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: _____

COVID-19 Assumption of Risk & Permission Form

BY SIGNING THIS DOCUMENT, YOUR AND YOUR CHILD'S LEGAL RIGHTS MAY BE AFFECTED

PLEASE READ CAREFULLY!

Dr. Bonnie Henry stated on May 16, 2020 that "COVID-19 is new for all of us". We at Langley City responded to the direction from our public health officials to first close our facilities and cease offering services. We are now responding to the direction to reopen our facilities and offer services to our community cautiously, with the safety of our staff and community being our priority.

COVID-19 remains a worldwide pandemic and a threat to our local health and safety. We know the following (this list is not intended to be exhaustive):

1. The infectious agent, SARS-CoV-2, has caused community transmission of a serious communicable and potentially fatal disease known as COVID-19 amongst the population of the Province of British Columbia;
2. Our public health officials have determined this constitutes a regional event as defined in section 51 of the *Public Health Act*;
3. A person infected with SARS-CoV-2 can infect other people with whom the infected person comes into contact with; and
4. The gathering of people in close contact with one another can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19.

We cannot be certain that a person (of any age) will not contract SARS-CoV-2 at one of our facilities and/or while participating in one of our programs, but we have taken the steps required to develop our COVID-19 Safety Plan, which is available for your review at [HERE](#). We have also developed COVID-19 policies and procedures, which are available for your review [HERE](#).

We have implemented our COVID-19 Safety Plan and will be applying our policies and procedures, but **the risk remains that a COVID-19 outbreak could occur despite our best efforts.**

It is vital that no person who feels sick in any way visit any of our facilities and/or utilize any of our services. We do not employ health professionals and do not screen for potential illness. It is also vital that no person bring a child to any of our facilities if the child is feeling unwell or showing any symptoms of illness. Again, we do not screen for same.

For our camps and other programs for children, we will not be enforcing physical distancing amongst the children. We will be reducing the number of children in each program compared to our standard practices. We will emphasize hygiene and provide for handwashing as children begin and end their days in our programs. However, it is vital that children be permitted to play and this includes games where there will be touching (such as tag) and use of playground equipment. Most or all activities will take place outdoors. If your preference is solely for outdoor activity, please select a program for your child that provides the same.

It is vital that any person who believes that they may have become ill or their child may have become ill within 14 days of visiting one of our facilities and/or while taking part in one of our programs report this immediately to us by contacting Douglas Recreation Centre at 604-514-2865 and seek appropriate medical attention by first calling 8-1-1. We will share personal information for the purposes of contact tracing if the need arises. To attend our facilities and/or take part in our programs and/or send a child to same, you must consent to the same.

Please do not allow your child to participate in any of our activities or programs if your child has:

- experienced cold or flu-like symptoms within the last 14 days;
- been in close contact with anyone else who has had these symptoms in the last 14 days; or
- been in close contact with anyone else who has travelled outside of Canada in the last 14 days.

Please note: If your child is displaying symptoms of respiratory distress or illness, they will be asked not to participate.

Lastly, it is vital that we all be calm and compassionate throughout this pandemic. Any person who exhibits any aggression towards our staff or any other person in one of our facilities and/or programs will be asked to leave and not return.

If you would like more information regarding the risks associated with COVID-19 for children, please review the following BC CDC publications:

[COVID-19 Public Health Guidance for K-12 School Settings](#)

[COVID-19 Public Health Guidance for Child Care Settings](#)

I/we have read, understand and agree to the Assumption of Risk and Permission Form.	INITIAL HERE
I/we have reviewed the Assumption of Risk and Permission Form with my/our child and have instructed our child to listen to and follow the instructions provided.	INITIAL HERE

Name of Child

Date

Signature of Parent/Guardian

Signature of Parent/Guardian

Print name clearly

Print name clearly

Telephone Number

Email Address

Both parents/guardians (if applicable) must sign and initial this form. Thank you.