



MEDICAL INFORMATION & PHOTO RELEASE FORM

Please fill out in full and return to your instructor on the first day of your program.

Student Information

First Name: _____ Last Name: _____

Parent or Guardian: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Health Information

Care Card #: _____

Family Doctor: _____ Doctor's Phone #: _____

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

Are there any physical or behavioural issues that the instructor should be aware of?

Does the participant have any fears the instructor should be aware of?

Medical Release / Parental Consent

As part of their participation in this program, your child will take part in a number of activities. Though our programs are supervised by trained staff that does their best to maintain a safe atmosphere, there is always a possibility of injury. By signing below, I understand the risks involved and I agree to allow the participation of my child in this program. In the event that my child is injured, ill or in need of medical attention, I authorize the Central Abbotsford Community School staff to seek medical treatment and/or admit my child to the hospital on my behalf if I am unable to be contacted.

Child's name: _____ Parent/Guardian signature: _____

Date signed: _____ Parent/Guardian name: _____

Photo Release

As the parent or legal guardian of the child listed above, I hereby give my consent to the employees of the Central Abbotsford Community School Society to photograph or film my child throughout the course of their program. I understand that these items may be used for newspaper articles, and CACS marketing (including flyers, website, Facebook, Twitter, etc.).

Child's name: _____ Parent/Guardian signature: _____

Date signed: _____ Parent/Guardian name: _____