



St Mary of the Visitation Parish
16 Cooper Street
Cambridge (Hespeler), Ontario N3C 2N2
519 658 4443 Fax: 519 658 6783
www.stmaryhespeler.ca

FAMILY NAME/s: _____

Name of Child: _____ { one form per child please }

Date of Birth: / / Preferred Name: _____

Address: _____

Phone: _____ Mobile: _____ E-mail: _____

Alternate emergency contacts:

1. Name: _____ Relationship to child: _____ Phone: _____

2. Name: _____ Relationship to child: _____ Phone: _____

Please give details (name, address and phone number) of other persons who you authorize to collect (pick up) your child/ren in your absence, while in our Care:

_____ 2. _____

Are there any family situations we should be aware of ? Eg:custodial issues, other matters (please specify)

Permission to Participate in Program Activities

I consent to my child taking part in the approved program of activities for Kids Zone at St Mary of the Visitation Parish (Hespeler), Cambridge and agree to abide by the program guidelines.

Signed _____ Date _____

Please complete the reverse side

Please complete the reverse side

Permission to View Video Tapes and DVDs

I consent to my child viewing VHS tapes or DVDs rated (G) General.
I understand that all material will be previewed by a leader to check suitability.

Signed _____ Date _____

Permission to be Photographed or Filmed

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will not be published or linked with photographs.

Signed _____ Date _____

Awareness of Procedure

I am aware that, given my child's age, it might be necessary for the Adult Leaders to exchange my child's diapers or accompany them to the bathroom. I am aware of the procedures, safeguards and protocols in place which they use and give such consent.

Signed _____ Date _____

Confidential Medical Report

The information below is requested to assist in case of any illness or accident.

Please **circle** if your child suffers from any of the following:

Heart condition; Blackouts; Asthma; Sleepwalking; Diabetes

Other (please specify)

Is your child presently taking medication? Yes / No *If yes, please state the name of the medication, dosage, etc.* _____ Does your child self-administer? Y / N

Does your child have any allergies? Yes / No *If yes, please state the name of such allergies.*

Other drugs or food (please specify) _____

4. Please list any physical or special needs: (eg. Dietary requirements)

I appreciate that every care will be taken by the leaders and those connected with Kids Zone cannot be held responsible for personal injury, loss or theft of property affecting my child and hold harmless the Roman Catholic Episcopal Corporation of the Diocese of Hamilton in Ontario and St Mary of the Visitation Parish; its volunteers and employees.

Signature of Parent/Guardian: _____

Printed Name: _____

Date _____