



**CITY OF SURREY**  
**PARKS, RECREATION AND CULTURE DEPARTMENT**  
**B: MEDICAL DISCLOSURE AND CONSENT FORM (0 – 18 years)**

Please PRINT all information & fill out only applicable sections completely. Bring completed form on the first day.

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 Protection of Privacy Act. The information is kept confidential.

**A. PERSONAL INFORMATION:**

Participant's Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Course # \_\_\_\_\_

Phone #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

In case of emergency, please contact:

Parent/Guardian/Other	Parent/Guardian/Other	Parent/Guardian/Other
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone #	Phone #	Phone #
Phone #	Phone #	Phone #

**B. MEDICAL INFORMATION:**

We ask that you complete the portion below completely and carefully. Staff rely on this information to provide medical treatment to your child if there is an accident during the program.

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

1. Does the participant require medication(s) that need to be administered during the program (for example: inhalers)? If yes, you must complete an "Administration of Prescribed and Non-Prescribed Medication" form. Select one: YES NO

2. Please describe any allergies (include those to food, medication, environment).  
\_\_\_\_\_

3. Does the participant have any allergies or sensitivity to sunscreen? Select one: YES NO

4. Please describe any fears that staff should be aware of (for example: water, bees).  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. MEDICAL RELEASE:**

In the event that my child \_\_\_\_\_ is injured, ill or in need of medical attention, I authorize the City of Surrey staff or agents to seek medical attention and/or admit my child to hospital if I am unable to be contacted or am otherwise unable to respond.

Initial of Parent/Guardian \_\_\_\_\_

**D. PARENT/GUARDIAN CONSENT:**

**Your child will be involved in a number of activities as part of this program. These activities may include, but are not limited to, walking, running, swimming and other sports. While all programs are supervised by trained staff who instruct participants in safety, your child may still get injured, or your child's property may be damaged, as a result of participating in the program.**

**Knowing and understanding the program, activities and risks, you freely agree to allow the participation of your child in the program.**

Initial of Parent/Guardian \_\_\_\_\_

**E. PICK UP AUTHORIZATION (this section is only applicable for Children 0-12 years of age in registered Camps and all Early Years programs with the exception of Parent Participation programs)**

The following individuals are authorized to pick up my child at the end of this class. My child will only be released to the individuals listed below. Identification may be required.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Authorized Person      Relationship to Child

\_\_\_\_\_  
Authorized Person      Relationship to Child

\_\_\_\_\_  
Authorized Person      Relationship to Child

\_\_\_\_\_  
Authorized Person      Relationship to Child

**F. AUTHORIZED RELEASE (this section is only applicable for Children 6 years and older)**

**For children 6 years and older:**

My child is permitted to leave unaccompanied at the end of this class.      Select one:      YES      NO

**G. PARENT/ GUARDIAN SIGNATURE**

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

\_\_\_\_\_  
Date