

Afterschool Strategy Participant Consent & Emergency Information

Program Site: Jepzidaa iCAN Forest iCAN Thedford Watford Aamjiwnaang

Participant's Name: _____ Grade/School: _____
Date of Birth: _____ OHIP # _____
Home Address: _____
Home Phone: _____ Postal Code: _____

Parents/Guardians

Name: _____ Relationship to Child: _____
Phone #s: Home: _____ Cell: _____ Work: _____
Name: _____ Relationship to Child: _____
Phone #s: Home: _____ Cell: _____ Work: _____

Please list any **Allergies or Medical Information** we should be aware of, (i.e. food allergies, asthma, diabetes, etc.).

Please list any learning or mental health concerns we should be aware of, (i.e. ADD, ADHD, Aggressions, Autism, etc).

Emergency Contacts: **TWO** contacts other than parents / guardians, is **MANDATORY**

Name: _____ Relationship to Child: _____
Phone #s: Home: _____ Cell: _____ Work: _____
Name: _____ Relationship to Child: _____
Phone #s: Home: _____ Cell: _____ Work: _____

Please list other individuals who **CAN** pick up your child from the program.

Name: _____ Relationship to Child: _____
Name: _____ Relationship to Child: _____

Please list any individuals who **CANNOT** pick up your child from the program.

Name: _____ Relationship to Child: _____
Name: _____ Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

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Participant's Name: _____

Understanding of Respect:

On behalf of myself and my child participating in the program, I understand and agree with the need for mutual respect of all those participating in the program, including staff, volunteers, and other participants. This is a group program led by trained leaders who monitor the whole group, thus are unable to provide continuous, direct, one-on-one monitoring for any one particular participant. I understand and agree that if the behaviour of my child is disrespectful and/or becomes a hazard to the health, safety, and wellbeing of others, my child may be asked to leave the program for a period of time or indefinitely.

Waiver of Responsibility:

Please inform your child's health care provider that your child is attending the program. The North Lambton Community Health Centre cannot be held responsible for risk willingly assumed. Therefore, I hereby release the North Lambton Community Health Centre from damages, claims, and demands arising by reason of participation in the program.

Waiver of Damages:

I agree to take responsibility for any damages my child incurs to property of other program participants, of the program itself, and/or to the facilities in use.

Permission to Photograph / Video

I agree to allow the North Lambton Community Health Centre (NLCHC) to photograph and/or video my child during his/her involvement with the Afterschool Program. I understand that these photographs and/or videos may be used by the NLCHC in any form (i.e. website, social media, brochures, pamphlets, facebook, videos, etc.) or may be shared with third party organizations, (i.e. funders, community partners, LHIN, etc.) to describe and promote the NLCHC's work in the community.

Does your child have permission to be in photographs and/or videos for reasons explained above? Yes No

Does your child have permission to walk home? Yes No

Does your child have permission to sign themselves in and out every day if you do not drop them off or pick them up? Yes No

I am providing accurate information to the best of my knowledge.

I _____, understand and agree to the information outlined on this form.

Parent / Guardian Signature _____

Date of Signature _____

NLCHC Afterschool Program Walking Bus

Purpose

The Afterschool Program Walking Bus has been created to help ensure all children have the opportunity to participate in the Afterschool Program by being able to get from school to the program safely. Two NLCHC staff will lead the Walking Bus each day the program is offered.

Risk Reduction

The Afterschool Walking Bus is designed to reduce the potential risks involved in children walking unsupervised through high-traffic areas. The Afterschool Program participants will have safety in numbers and supervision during the walk by NLCHC Staff. Parents/Guardians are required to pick up their children up at the program site by 6:00 p.m.

Voluntary Consent

I certify that I have read this consent form, or it has been read to me; have been given the opportunity to ask questions; and that I understand the potential risks. By signing this form, I agree to allow my child to participate in the Afterschool Program Walking Bus. I also understand and agree that although supervision is provided for the purpose of having my child walk safely from the school to the Afterschool Program, the behavior of my child to follow supervision is the sole responsibility of me and my child.

I have explained to my child the need for responsible behaviour and accept that should my child not follow the instructions of the leaders of the Walking Bus, he/she will not be allowed to be part of the After School Program Walking Bus.

Emergency Contact

I understand that should my son/daughter become ill or is injured during the Walking Bus trip to the After School program, someone will attempt to contact me or an emergency contact at the numbers listed below.

Parent Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

If I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance and I agree that I will be solely responsible for any and all costs incurred as a result. In exchange for my child being permitted to participate in the NLCHC Afterschool Program Walking Bus for my child, myself, my child's heirs, guardians and legal representatives I release, hold harmless and agree not to make any claims of any kind against the Afterschool Program and the North Lambton Community Health Centre, or officials, staff, volunteers, employees, representatives, officers and directors for any injury (including death) to my child arising out of my child's participation in these or related activities.

Child(ren)'s Name(s) _____

School: _____

Parent's e-mail _____

Signature of Parent or Legal Guardian _____

Signature of Witness _____ Date _____

Registration Form - Programs

Which language are you most comfortable speaking?

- English
- French
- Other _____

Which gender best describes you?

- Female
- Male
- Intersex
- Trans – Female to Male
- Trans – Male to Female
- Two-Spirit
- Other (Please specify) _____
- Do not know
- Prefer not to answer

Which sexual orientation best describes you?

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Queer
- Two-Spirit
- Other (Please specify) _____
- Do not know
- Prefer not to answer

Which racial or ethnic group best describes you?

- Asian – East
- Asian – South
- Asian – South East
- Black – Caribbean
- Black – African
- Black – North American
- First Nation
- Indian - Caribbean
- Do not know
- Prefer not to answer
- Indigenous / Aboriginal
- Inuit
- Latin American
- Metis
- Middle Eastern
- White – European
- White – North American
- Other (Please specify)
- Mixed Heritage (Please specify)

Where were, you born? _____

If born outside of Canada, in what year did you arrive in Canada? _____

Do you have any of the following? Check ALL that apply.

- Chronic illness
- Developmental disability
- Drug or alcohol dependence
- Learning disability
- Mental Illness
- Physical disability
- Sensory disability
- Prefer not to answer
- None
- Do not know
- Other (please specify)

Which priority populations best describes you? (choose one)

- Aboriginal (01)
- Senior Age Group (02)
- Youth Age Group (03)
- Low Income (04)
- Racialized (05)
- Rural (06)

What is the highest level of formal education you have done?

- Too young for primary completion
- Primary – any grade from 1 to 8
- Secondary or Equivalent – any number of years
- College or Equivalent
- University Bachelor's
- University Post-Graduate
- Do not know
- No formal education
- Prefer not to answer
- Other _____

Approximately how much is the yearly income received by everyone in your household?

- \$0 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$39,999
- \$40,000 - \$59,000
- \$60,000 – \$89,999
- \$90,000 – \$119,999
- \$120,000 – \$149,999
- \$150,000 or more
- Do not know
- Prefer not to answer

How many people are supported by this income? _____

Which of these options best describe the people who live in your household?

- Couple with child(ren)
- Couple without children
- Grandparent(s) with grandchild(ren)
- Single-parent family (Mother head)
- Single-parent family (Father head)
- Siblings (brother/sister)
- Extended family
- I live alone
- I prefer not to answer
- Other

**How would you describe your sense of belonging to your community?
(Sense of belonging is feeling like you are part of something, connected and accepted)?
(check only one)**

- Very Strong
- Somewhat Strong
- Somewhat Weak
- Very Weak

In general, would you say your overall physical health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

In general, would you say your overall mental health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Thank You!