





# DOORSTEPS

## NEIGHBOURHOOD SERVICES



COMMUNITY DEVELOPMENT PROGRAMS & SERVICES IN 3 NORTHWEST TORONTO NEIGHBOURHOOD - CHALKFARM, DAYSTROM & FALSTAFF

Check those that apply [ ] I allow my child to go home alone [ ] I give permission to the person listed below to pick up my child

Name of pick-up person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Card # \_\_\_\_\_

(Please attach a photocopy of the card)

Allergies: \_\_\_\_\_

\_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Will your child need medication during the day? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

I will allow my child to be taken to the hospital in the event of an emergency: [ ] Yes [ ] No

Does your child have any special needs (behavioural, emotional, and physical)? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any activities that your child SHOULD NOT participate in? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Consent Agreement:**

Although it is understood that all reasonable precautions shall be taken to prevent personal injury and/or damage and/or loss of property, Doorsteps Neighbourhood Services is hereby absolved and released from any and all responsibilities for personal injury and/or damage and/or loss of property howsoever caused, resulting from any of the recreational programs operated by the same in which I allow my child to participate. I hereby grant permission for my child to participate in Summer Camp Program. I also hereby consent to my child, \_\_\_\_\_ being filmed and/or photographed by Doorsteps Neighbourhood Services and their agents for the purpose of promotion.

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

Date: \_\_\_\_\_