



CONFIDENTIAL STUDENT INFORMATION AND MEDICAL FORM (for non-GNS students)

Parental Permission for Child (10-17yrs) Sign In/Out Form

Policy: Children up to the age of 9 years are only released from the care of GNS staff to an individual indicated on the Medical Form (e.g. identified parent, guardian, friend, grandparent or older sibling). Children and youth 10 – 17 years old may sign themselves in and out with a completed Parental Permission for Child Sign In/Out Form. Children 11 years old and older may sign out a younger child if identified as a designated pick-up person on the Medical Form.

If your child is 10 years of age or older and you wish to grant them permission to sign in and out of the program, please read and complete the following:

I, _____ give permission to _____
(parent/guardian name) (child's name)

born _____ to sign in and out of _____
(name of program)

during the following dates: from _____ to _____.

Please identify arrangements made for the child after program ends (e.g. walk home, bike home, bus home, other):

I understand that sign in and out will take place at the program time designated on the registration page and that my child will only be permitted to leave at the pre-determined program end time, unless an earlier time is identified by me. I acknowledge that once my child has signed out of the program that Glenlyon Norfolk School and its staff will no longer be responsible for the supervision of my child.

Phone number: _____

Signature: _____ Date: _____



CONFIDENTIAL STUDENT INFORMATION AND MEDICAL FORM (for non-GNS students)

We are collecting this information about your child for their participation in Spring Break and Summer programs at Glenlyon Norfolk School. We recognize that some of this information may be confidential and we will not release it to any outside agency or individual.

Please note that it is the responsibility of the parent/guardian to notify the school in writing of any changes or updates to this information.

STUDENT DETAILS

Gender _____ Birthdate (mm/dd/yy) _____ Grade _____ Primary Language _____

Legal Name:

First Middle Last Preferred/ Nickname

Student Address (residence during this week's camp)

Street _____ City _____

Province _____ Postal Code _____ Telephone _____

STUDENT CONTACTS

(Contact # is the order in which that individual should be contacted - i.e. contact #1 will be contacted first in an emergency).

Parent/Guardian - Contact # _____

First Name Last Name Relationship to Student

Telephone (home) _____ Telephone (cell) _____ Email _____

Parent/Guardian - Contact # _____

First Name Last Name Relationship to Student

Telephone (home) _____ Telephone (cell) _____ Email _____

ADDITIONAL LOCAL CONTACT

In case both parents/guardians are unavailable, please provide the contact details for a local friend or family member who has permission to drop off or pick up your child.

First Name Last Name Relationship to Student

Telephone (home) _____ Telephone (cell) _____ Email _____

First Name Last Name Relationship to Student

Telephone (home) _____ Telephone (cell) _____ Email _____



CONFIDENTIAL STUDENT INFORMATION AND MEDICAL FORM (for non-GNS students)

MEDICAL DETAILS

In order to best protect the health and safety of your child, it is important that we are aware of any health conditions that might affect his/her learning ability or participation in the physical activities normally carried out in school programs.

BC Medical Care Card # _____

Private Medical Insurance Company (if applicable) _____ Policy # _____

Insurance Company Phone # _____

Family Doctor _____ Telephone # _____

Address/Location _____

DATE OF LAST TETANUS VACCINE: (mm/dd/yy) _____

ALLERGIES and/or DIETARY RESTRICTIONS

Indicate if your child has a history of any allergies and/or dietary restrictions:

Allergy/ Dietary Restrictions	Symptoms during a reaction	What does your child do in the event of a reaction?

Does your child carry any of the following: Epi-Pen Inhaler Medic Alert

RECENT INJURIES OR ILLNESSES

Has your child had any injuries, illnesses, concussions or head injuries and/or have they been under a doctor's care in the last 11 months? NO YES, describe in detail:

HEALTH HISTORY

Indicate if your child has a chronic condition, illness, disability or psychological condition:

IS YOUR CHILD TAKING ANY MEDICATIONS? NO YES

If YES, what are the medications? _____

What are the medications for? _____

What are the side effects of each medication? _____

What happens if they don't take their medication? _____



CONFIDENTIAL STUDENT INFORMATION AND MEDICAL FORM (for non-GNS students)

SWIMMING ABILITY

- WEAK – my child can't swim and is not comfortable in the water
- WEAK – my child can float, paddle and swim unsupported, but should not go over their head
- MODERATE – my child can swim unsupported for the equivalent to a 25 metre pool length and can go in water over their head
- STRONG – my child can swim unsupported for the equivalent of multiple pool lengths in a pool, in lakes and the ocean
- STRONG – my child has taken or are taking Life-Guarding certification

CUSTODIAL RIGHTS (if applicable)

For a variety of reasons, it is very necessary that the school be aware of which parents have custodial rights. For this reason could you please list who has custodial rights for the child listed above. Should this situation change during the course of the year, it is the responsibility of the parents to inform the school of these changes in writing at their earliest convenience.

Please remember to supply the school with supporting documentation.

MEDIA RELEASE

I consent for my child to be photographed or his/her image recorded and that these images may be used in GNS publications, newsletters, magazines, social media streams, websites, displays, and advertising: NO YES

How did you hear about our camps?

- GNS website
- Oak Bay Rec advertisement
- Friend
- Other website/publication
- Other: _____

This form must be signed by all custodial parents or guardians of a child who is under the age of 19 years.

I recognize that Glenlyon Norfolk School does not employ a registered nurse or doctor and that any assistance administered to my child by school staff will be limited.

By signing here, I acknowledge that I have read and completed this form and further signify that the information that I have provided is both correct and complete.

The undersigned, as the parent(s) or guardian(s), having answered the questions on this form with my son/daughter, hereby:

- a) Certify that the information listed on this form is complete and comprehensive
- b) Authorize GNS, GNS Staff, Instructors and Designates to use this information
- c) Authorize trip leaders to consent to medical treatment for the student by any qualified medical practitioner as may be necessary in the event of an emergency.

Signature

Relationship

Date

Signature

Relationship

Date