



Participation, Waiver and Release Agreement

Our Goal

Thank you for registering for a Jr Naturalist day camp at the Discovery Centre at the Creston Valley Wildlife Management Area! Our main goal is to ensure that your child has a safe, fun, and memorable experience during the activities we provide (we call them “camps”).

Purpose of this Agreement

The purpose of this Agreement is to ensure that we have sufficient information about your child to ensure that she/he will receive the support they need for a successful camp experience *and* to ensure that Parents and Guardians are aware that there are risks associated with outdoor activities and programs.

Personal Information¹

All personal information will be kept confidential and used only to aid our staff in developing quality programs and activities while ensuring the safety of all children in our care during your child’s day camp.

This Agreement Must be Completed

Please read through and complete *all* applicable sections of this Agreement. It *must* be signed by a Parent or Guardian *before* a child can participate in any of our activities. **In particular, please read carefully the Confirmation, Waiver and Release and Voluntary Signature sections on the last page of this Agreement, before signing.**

If you have any questions or concerns about the content of this Agreement, please contact our Senior Manager at 250 402-8661.

Delivery of the signed Agreement

This Agreement may be dropped-off in person prior to the first day of camp at the Discovery Centre (1760 West Creston Road, West Creston, BC) or mailed to PO Box 763, Creston, BC V0B1G0.

¹ Personal information will be protected in accordance with the Personal Information and Protection Act, SBC, 2003, as amended and our Privacy Policy which can be found on our website: www.discovery-centre.ca



1. Junior Naturalist Program Registration Form

Program Name

Session dates

Child's given name	Child's Last name
Date of birth	Age during program
Mailing address	
Street address (if different from mailing address)	
Parent/Legal guardian	Phone number
	Alternate phone number
Email address	



Please initial or sign next to star on each page.



2. Emergency Contact Information

Name		Relationship
Home Phone	Cell Phone	Work Phone

Name		Relationship
Home Phone	Cell Phone	Work Phone

Pick- Up Authorization: (Only those listed below will be able to sign the camper out of camp at the end of the day)

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

 **Initials:**



3. Medical Information Form

Name of Camper (please print)	Date:
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Does your child have any medical, behavioral or social concerns that you wish to disclose?

Yes No

Medical Concerns (eg. Diabetes, asthma, chronic condition, etc)

Does your child take medications for one or more of the above? Yes No

Will they be taking medication at camp? ? Yes No

Medication Information (dosage, frequency, with/without food, side effects, etc)

My child does not take medication.

★ **Initials:**

4. Medication Delivery Procedure

The following outlines the medication delivery procedure that will be followed for children requiring any type of medication while at camp. **Please fill out the medical assessment and medical information sections of the registration package completely.**

1. Medication must come to camp in a separate and sealed bag each day containing only one dosage per bag. If the medication is liquid, it must come to the camp **pre-measured** in a sealed and labeled bottle daily containing only one dosage per bottle. All bottles must be received in a Ziploc bag.
2. The sealed bag should have the following information:
 - a. The child's first and last name
 - b. The date the medication is to be administered
 - c. The time the medication is to be administered
 - d. The name and dosage of the medication to be administered
3. The Camp Leader will hand the bag/ bottle to the child and will witness the child taking the medication. The bag/ bottle will be sent home at the end of the day.
4. The Camp Leader will document all the information on the bag/ bottle in a medical delivery record sheet. The information will be recorded in pen on sequential lines.
5. The Camp Leader will keep and follow the schedule for when the child is to receive the medication.

All medications, whether injectable, pill, or liquid form, must come to camp in single dosages as our Camp Leaders cannot measure medications for children.

Epi-pens:

If your child has an Epi-Pen, they are required to carry it on their person at all times (i.e. in a fannypack or backpack). **Please fill out the Epi-Pen Administration Waiver if your child needs an Epi-Pen.**

If an allergic reaction occurs, Camp Leaders will:

- Listen to your child
- If the reaction increases, **assist** the child in administering their own prescribed Epi-Pen in the thigh or upper arm, through clothing as necessary.
- Telephone 911 for medical help immediately

★ **Initials:**



5. EPI-PEN ADMINISTRATION WAIVER

My child does not require an Epi-pen

If your child requires an Epi-pen, please fill in the following information:

Name of Camper (please print)	Date:
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I, the undersigned, parent/guardian of _____(child/ward), allow the Kootenay-Columbia Discovery Centre day camp leaders to administer epinephrine to _____(child/ward), in the event that it is required by my child/ward.

I release and save harmless the Kootenay-Columbia Discovery Centre Society, and its employees, servants, volunteers and agents with respect to any actions, liabilities, costs, damages or injuries which may occur by virtue of their having administered epinephrine as required by the attached Allergy Information Form.

I understand that I, _____ the parent/guardian of _____ child/ward), am responsible to ensure that:

____ I have completed the Allergy Information Form fully and completely

____ I take the time to **explain** the Allergy Information Form to the camp leader responsible for my child/ward, upon drop-off on the **first day** of the camp.

____ I have reviewed how to administer an Epi-Pen with the camp leader responsible for my child/ward, upon drop-off on the first day of the camp.

____ My child will be carrying a non-expired Epi-Pen in a fanny pack at all times while in the camp

 **Initials:**



6. ALLERGIES INFORMATION FORM

My child does not have allergies

If your child does have allergies, please fill out the following information:

Name of Camper (please print)	Date:
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Allergies and known reaction causing agents:
Symptoms of allergic reaction in your child :
Location of Epi-Pen, Medical Supplies/ Antihistamines while at camp:
Which method of contact will cause a serious reaction in your child? (inhalation, ingestion, physical contact - please be specific)
Are there other important ways to help prevent your child from having a reaction:

 **Initials:**



7. BEHAVIOURAL AND SOCIAL SKILLS:

What activities does your child enjoy? Are there any particular activities that your child does not enjoy?

Please describe any unique traits (i.e. hiding, running away, hyperactivity, attention seeking, etc.) that your child may show. Are there any triggers that might increase the likelihood of your child showing these behaviors?

What strategies can you recommend, from home or school, that might help us deal with difficult behavior?

How does your child interact with other children? With adults?



SIGNATURE OF PARENT OR GUARDIAN

Confirmation of Information Provided

1. I confirm that the information I provided in this Agreement is true and correct to the best of my knowledge.

Waiver and Release of KCDCS from Liability

2. I release and forever discharge KCDCS, its employees, volunteers, heirs, executors, administrators, legal representatives and assignees from all manner of actions, causes of action, debts, accounts, bonds, contract, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of my child, which has been or may be sustained as a result of the her/his participation in any and all KCDCS programs and activities, whether or not such damage, loss or injury may have been caused in whole or in part by KCDCS, its employees, volunteers, agents or assigns.

Understood and Voluntarily Signed

3. I acknowledge and agree that I have carefully read this Agreement, had sufficient opportunity to seek advice about its contents, fully understand it and freely and voluntarily sign it.

Name of Parent/Guardian	Signature:	Date:
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<p>FOR STAFF USE</p> <p>RECEIVED bythisday of, 20....</p> <p>_____ Signature</p>
