



SUNSET COMMUNITY CENTRE
404 East 51st Ave
Vancouver, B.C. V5X 1C7
604.718.6505

Daycamp Waiver Form

Please indicate which day(s) your child is enrolled in: _____

CHILD'S INFORMATION (PLEASE PRINT)

NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____ POSTAL CODE _____

HOME PHONE _____ CARECARD # _____

FAMILY DOCTOR NAME _____ PHONE _____

PLEASE SPECIFY ANY ALLERGIES _____

DOES YOUR CHILD HAVE ASTHMA? NO YES

If yes, are they using medication or inhalers to treat asthma? _____

IS YOUR CHILD ALLERGIC TO BEE STINGS? NO YES

THEY HAVE NEVER BEEN STUNG BEFORE

IS YOUR CHILD CURRENTLY TAKING MEDICATION? NO YES

If yes, please specify _____

ARE THERE ANY OTHER MEDICAL CONDITIONS WE SHOULD BE AWARE OF?

SHOULD YOUR CHILD BE RESTRICTED TO ANY ACTIVITIES? _____

PLEASE PROVIDE ANY BEHAVIOURAL INFORMATION.

CHILD'S SWIMMING ABILITY (CHECK ONE): ___ EXCELLENT ___ SATISFACTORY ___ POOR

LAST SWIMMING LEVEL COMPLETED (if applicable) _____

PARENT GUARDIAN INFORMATION

FIRST PARENT/GUARDIAN NAME _____

HOME PHONE _____ **WORK/CELL PHONE** _____

EMAIL (optional) _____

SECOND PARENT/ GUARDIAN NAME _____

HOME PHONE _____ WORK/CELL PHONE _____

EMAIL (optional) _____

EMERGENCY CONTACT

FIRST NAME _____ LAST NAME _____

HOME PHONE _____ WORK/CELL PHONE _____

CHILD PICK UP INFORMATION

FULL NAME(S) _____

RELATIONSHIP TO CHILD _____

PHOTO POLICY

I, as legal guardian/parent of _____ (print child's full name) hereby authorize Daycamp staff to take my child's photograph for the purpose of classroom display (individual or group). I also understand that photos taken during camp may be published in the Sunset Community Centre's Brochure. I will inform Sunset Daycamp staff if for any reason I do not want my child's photo taken.

Parent/Guardian's Name _____

Parent/Guardian Signature _____

Date _____