

Journal Friends October to November 2021

At the Peace River Municipal Library in partnership with Peace River Regional Women's Shelter

Child's name: _____ Child's age: _____

Parent /Guardian: _____

Email: _____ Phone: _____

If your child identifies as the following, please mark the box:

First Nations Metis Inuit Other: _____

Is your child a returnee to the program? Yes No

Are you currently a member of the library? Yes No

At the end of After School Club sessions my child: (check box or fill out according to preferred option)

Has permission to walk/bike home at 5:00 pm

Will be picked up by either of the following:

Name: _____

Name: _____

I, the undersigned, hereby waive any and all rights and release from all claims of liability howsoever caused including claims based on negligence, the Peace River Municipal Library, Peace River Regional Women's Shelter, its agents, volunteers or employees in relation to any acts of omission or permitted to by said Peace River Municipal Library, Peace River Regional Women's Shelter, its agents, volunteers or employees arising from damages and /or injury whatsoever by:

_____ while attending the After School Club Program

Child's Name

Parent/Guardian's Name Date

Photographic consent (optional)

I, the parent/guardian of the participant do hereby give my consent for my child to be photographed while participating in the above mentioned program. Photos may be used for the purpose of the Peace River Municipal Library and/or Peace River Regional Women's Shelter, publicity, including our website, and documentation.

Parent/Guardian's Name Date

Medical Form

Participant Health/Medical Considerations:

If your child has any known medical conditions, such as allergies (certain foods, insect/bug bites, animals, ect), that we should be aware of please list them below:

Other Considerations:

Does your child carry an EpiPen or Inhaler? Please mark the box: EpiPen Inhaler

If applicable, does your child know how to use the EpiPen or inhaler? Yes No

Print Participant's Name

Print Parent/Guardian Name

Phone Number (Indicate Cell/Home/Work)

Name of Emergency Contact(s)

Phone Number (Indicate Cell/Home/Work)

Signature of Parent/Guardian

Date

Any personal information you do provide is managed according to the Alberta Freedom of Information and Protection of Privacy Act. Information is collected for statistics and for health/safety purposes. You have the right to access your information upon request. If you have any questions about the collection and use of the information, please contact the Library Director at the Peace River Municipal Library at 780-624-4076.