



THIS IS AN IMPORTANT NOTICE. PLEASE
HAVE SOMEONE TRANSLATE IT FOR YOU.

這通告很重要，請找人為您翻譯解說。
这通告很重要，请找人为您翻译解说。

INFORMATION IMPORTANTE:
TRADUISEZ S'IL VOUS PLAÎT.

ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ
ਤੋਂ ਇਸ ਦਾ ਆਪਣੇ ਲਈ ਅਨੁਵਾਦ ਕਰਵਾਉ।

Communicable Disease Prevention Plan Informed Consent & Permission Form

BY SIGNING THIS DOCUMENT, YOU AND YOUR CHILD'S LEGAL RIGHTS MAY BE AFFECTED

PLEASE READ CAREFULLY!

We are operating our facilities in accordance with the City of Richmond's Communicable Disease Prevention Plan (CDPP), a guide that provides important information required to help prevent communicable diseases in City workplaces and facilities. As such, we are permitting user groups access to our facilities on the basis that CDPP guidelines will be adhered to by user groups and individual participants. Safety of staff and the community is our priority.

It is important that that no person who is feeling unwell with symptoms consistent with a communicable disease visits any of our facilities and/or utilize any of our services. It is also important that no person brings a child who feels unwell or is showing any symptoms consistent with a communicable disease to any of our facilities and/or programs.

Note: If your child is displaying symptoms of respiratory distress or illness, they will be asked not to participate.

A communicable disease is an illness caused by an infectious agent or its toxic product that can be transmitted in a facility from person to person through bodily fluids or discharge, contaminated surfaces or objects. Examples of the more common communicable diseases that may circulated include COVID-19, norovirus, and seasonal influenza.

Communicable Disease	Common Symptoms
COVID-19	Fever, cough, flu-like symptoms, shortness of breath and breathing difficulties
Influenza	Fever, cough, sore throat, runny or stuffy nose, muscle/body aches, headaches, fatigue, sometimes vomiting and diarrhea
Norovirus	Diarrhea, vomiting, nausea, stomach pain, fever, headaches, body aches

We will emphasize hygiene and provide for handwashing in our programs. However, it is vital that registrants be permitted to play and this includes games where there will be touching (such as tag) and use of playground equipment.

It is vital that we all be calm and compassionate and uphold the Respectful Environment Code of Conduct requirements when using City of Richmond facilities. Any person who exhibits any aggression towards our staff or any other person in one of our facilities and/or programs will be asked to leave and not return.

I/we have read, understand and agree to the Informed Consent and Permission Form.	INITIAL HERE
I/we have reviewed the Informed Consent and Permission Form with my/our child and have instructed our child to listen to and follow the instructions provided.	INITIAL HERE

Name of Child: _____ Date: _____

Signature of Parent/Guardian: _____ Printed Name: _____

Signature of Parent/Guardian: _____ Printed Name: _____

Email: _____ Phone: _____

Please **PRINT** all information and fill out all applicable sections completely.
Submit this form prior to the start of program.

A. PERSONAL INFORMATION: (ensure all phone numbers can be reached during program)

Participant's Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Email: _____

In case of emergency, please contact: (other than parent/guardian)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

B. MEDICAL INFORMATION:

Family Doctor: _____ Phone: _____

Valid BC Medical Number: _____ (if applicable)

I do not have a valid BC Medical Number, I consent to my child's participation in City of Richmond programs without medical insurance and understand any medical bills that arise from my child's participation will be at my expense. *Select one:* ☐ Yes ☐ No ☐ Not Applicable

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service. *Select one:* ☐ Yes ☐ No

Does your child require extra support in the program? *Select one:* ☐ Yes ☐ No

If yes, please describe: _____

Does your child have any allergies (food, medication, environment)? *Select one:* ☐ Yes ☐ No

If yes, please identify: _____

If allergy medication is required, you must complete 'Allergy Emergency Action Plan' form.

Does the participant require medication(s) that need to be administered during the program?

Select one: ☐ Yes ☐ No *If yes, you must complete the "Permission to Administer Medication" form.*

****Note:** The responsibility for taking proper doses of medication cannot be assumed by staff and remains the sole responsibility of the participant.

B. MEDICAL INFORMATION: (continued)

Are your child's immunizations up to date? *Select one:* ☐ Yes ☐ No

Date of most recent tetanus shot: _____

Does the participant have any allergies or sensitivity to sunscreen? *Select one:* ☐ Yes ☐ No

Do you consent for your child to apply sunscreen (provided by home or program)? *Select one:* ☐ Yes ☐ No

I acknowledge that it is my responsibility to advise the City of any medical or other conditions that may affect my child's participation in the program(s). *Select one:* ☐ Yes ☐ No

I/we have accurately completed the medical information and will update staff of any changes.

INITIAL HERE

C. PARENT/GUARDIAN CONSENT:

Your child will be involved in a number of activities as part of this program. These activities may include, but are not limited to, walking, running, swimming and other sports. While all programs are supervised by trained staff who instruct participants in safety, your child may still get injured, or your child's property may be damaged, as a result of participating in the program.

Knowing and understanding the program, activities and risks, you freely agree to allow the participation of your child in the program. *Select one:* ☐ Yes ☐ No

D. PICK UP AUTHORIZATION: (this section is only applicable for Children 0–12 years of age)

The following individuals, in addition to the parent/guardian(s) listed above, are authorized to pick up my child at the end of this class. Identification may be required.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

E. PHOTO RELEASE:

Phone: _____

Permission is hereby granted for the City of Richmond and/or its Community Partners to take and use photographs of the above-mentioned child for promotions and records. *Select one:* ☐ Yes ☐ No

F. AUTHORIZED RELEASE: (children walking home are recommended to be minimum Grade 2 and up)

My child is permitted to leave unaccompanied at the end of their program. *Select one:* ☐ Yes ☐ No

G. RELATED INFORMATION:

Does your child understand and/or speak English? *Select one:* ☐ Yes ☐ No

If no, what other language(s) does your child speak? _____

Indicate what swim level has been completed by your child. _____

Is there any other information that will helpful for our staff to ensure that your child have a successful program experience?

H. SUBMITTING INFORMED CONSENT AND PERMISSION FORMS:

IMPORTANT: Please email your child's Informed Consent and Permission Form along with a recent photograph of your child to the facility where your camp is taking place. Please send the Wednesday prior to the start of your child's camp in order to allow our team time review your submitted information. Our team will send you an email confirmation upon opening of your email.

Alternatively, bring this completed Informed Consent and Permission Form and a recent photograph of your child to the first day of camp. Thank you in advance for arriving early so that our team is able to review your information. ***The completed package must be received before your child can participate in the program or camp.***

Our facility email addresses are:

- Arenas (Minoru Arena and Richmond Ice Centre): arenas@richmond.ca
- Arts Centre: artscentre@richmond.ca
- Cambie Community Centre: cambie@richmond.ca
- City Centre Community Centre: citycentre@richmond.ca
- Hamilton Community Centre: hamilton@richmond.ca
- Nature Park: nature@richmond.ca
- Nature School: natureschool@richmond.ca
- Richmond Museum: museum@richmond.ca
- Sea Island Community Centre: seaisland@richmond.ca
- South Arm Community Centre: southarm@richmond.ca
- Steveston Community Centre: stevestoncc@richmond.ca
- Thompson Community Centre: thompson@richmond.ca
- West Richmond Community Centre: westrich@richmond.ca