



THIS IS AN IMPORTANT DOCUMENT. PLEASE HAVE SOMEONE TRANSLATE IT FOR YOU.
CE DOCUMENT EST IMPORTANT, VEUILLEZ LE FAIRE TRADUIRE.

這是重要的通告，希請人譯讀。
ਇਹ ਇੱਕ ਮਹੱਤਵਪੂਰਨ ਦਸਤਾਵੇਜ਼ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਇਸਨੂੰ ਤੁਹਾਡੇ ਪਿਛਮਾ ਆਗੂਆਂ ਨਾਲ ਸਾਂਝਾ ਕਰੋ।

COVID-19 INFORMED CONSENT & PERMISSION FORM
BY SIGNING THIS DOCUMENT, YOU AND YOUR CHILD'S
LEGAL RIGHTS MAY BE AFFECTED. PLEASE READ CAREFULLY!

COVID-19 is new for all of us. The City of Richmond has responded to the pandemic by closing our facilities and amenities. We are now in the process of reopening our facilities and offering services to our community cautiously, with the safety of our staff and community being our priority.

COVID-19 remains a threat to our local health and safety. We know the following (this list is not intended to be exhaustive):

1. Our public health officials have determined this constitutes a regional event as defined in section 51 of the *Public Health Act*;
2. A person infected with COVID-19 can infect other people with whom the infected person comes into contact with; and
3. The gathering of people in close contact with one another can promote the transmission of COVID-19 and increase the number of people who develop COVID-19.

We cannot be certain that a person (of any age) will not contract COVID-19 at one of our facilities and/or while participating in one of our programs, but we have taken the steps required to develop our COVID-19 Safety Plan, which is available for your review at: <https://www.richmond.ca/safety/COVID-19/covid-safety.htm>

We have implemented our COVID-19 Safety Plan and will be applying our policies and procedures, but **the risk remains that a COVID-19 outbreak could occur despite our best efforts.**

It is vital that no person who feels sick in any way visit any of our facilities and/or utilize any of our services. We do not employ health professionals and do not screen for potential illness. It is also vital that no person bring a child to any of our facilities if the child is feeling unwell or showing any symptoms of illness. Again, we do not screen for same.

For our camps and other programs for persons age 18 and under, we will not be enforcing physical distancing amongst the participants. We will emphasize hygiene and provide for handwashing as registrants begin and end their days 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. When practical, most or all activities will take place outdoors. If your preference is solely for outdoor activity, please select a program for your child that provides the same.

It is vital that any person who believes that they may have become ill or their child may have become ill within 14 days of visiting one of our facilities and/or while taking part in one of our programs report this immediately to us by contacting the Registration Call Centre, Monday to Friday from 8:30am to 5:00pm at 604-276-4300 and seek appropriate medical attention by first calling 8-1-1.



Informed Consent and Permission Form Licensed School Year Child Care

Community Services Division
6911 No. 3 Road, Richmond, B.C. V6Y 2C1

We may share personal information for the purposes of contact tracing if the need arises. For you or your child to attend our facilities and/or take part in our programs, you must consent to the sharing of personal information for this reason listed above.

Please do not allow your child to participate in any of our activities or programs if your child has:

- experienced cold or flu-like symptoms within the last 14 days;
- been in close contact with anyone else who has had these symptoms in the last 14 days; or
- been in close contact with anyone else who has travelled outside of Canada in the last 14 days.

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

It is vital that we all be calm and compassionate throughout this pandemic. 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	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	INITIAL HERE
I/we have accurately completed the medical information and will update staff of any changes.	INITIAL HERE	INITIAL HERE

Name of Child	Date
Signature of Parent/Guardian	Signature of Parent/Guardian
Print name clearly	Print name clearly
Telephone Number	Email Address