## KTUNAXA NATION COUNCIL 2017 ANNUAL GENERAL ASSEMBLY

JULY 19 & 20, 2017

## **TOBACCO PLAINS INDIAN BAND**

Grasmere, BC

## **DAYCARE/DAYCAMP HEALTH FORM**

CHILD'S FULL NAME:  1) 2) 3) 4)			[ ]YES[ ]NO [ ]YES[ ]NO [ ]YES[ ]NO	PLEASE LIST:
PARENTS NAME		PHONE #	CE	ELL#
EMERGENCY CONTACT		PHONE #	CE	LL#
FAMILY PHYSICIAN		PHONE #		
IDENTIFY ANY MEDICATIONS YOUR CHILD WILL BE TAKING ALONG WITH THE DIRECTIONS FOR USAGE:				
PLEASE IDENTIFY ANY SPECIAL REQUIREMENTS FOR YOUR CHILD:				
YOUR CHILD WILL BE REQUIRED TO BRING THE FOLLOWING SUPPLIES FOR DAYCAMP ACTIVITIES:  (Please have child(ren) dress accordingly for weather)  SUNSCREEN  HAT & SUNGLASSES  BATHING SUIT & TOWEL  LIFE JACKET  PLEASE LABEL ALL ITEMS WITH THE CHILD'S NAME!  THE DAYCAMP ORGANIZERS WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN ITEMS!  THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED WITH THE REGISTRATION FORM BY JULY 14, 2017				
PARENT/GUARDIAN SIGNATU	RE 			DATE 
RELEASE AND WAIVER:				
As the parent or legal guardian of the above child, who is a minor child under the ag of eighteen (18) (hereinafter "my child"), and in exchange for the benefits to be derived by my child's participation in this camp, sponsored by Ktunaxa Nation Council, I hereby grant my permission for my child to participate in AGA Daycare/Daycamp and I am fully aware of any risks associated with camp activities.				
On behalf of myself and my child, I VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY that may be sustained by my child, or any loss or damage to property owned by myself or my child, as a result of my child being engaged in camp.				

DATE

PARENT/GUARDIAN SIGNATURE