



**Waiver Form for On-Site Children's Programs**

**Information/Authorization** - Please complete one form for each child. This form must be emailed back to Programs@swanlake.bc.ca or brought in person **one week before class**.

Program Name: \_\_\_\_\_  
Program Dates: \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_  
Birthdate: (MM/DD/YYYY) \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender Identity: \_\_\_\_\_  
Pronouns: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Contact Number (1): \_\_\_\_\_  
Contact Number (2): \_\_\_\_\_

Postal Code \_\_\_\_\_

**Emergency Contacts:**

Please list at least one other adult than you authorize to pick up your child after class.

***Please note: It is our strict policy to release children from our care ONLY into the direct care of a parent or an adult authorized on this form to pick up the child.***

(1)Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

(2)Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**General Information:**

Has your child attended one of our program before? YES NO

**What does your child want to learn at Swan Lake Christmas Hill Nature Sanctuary?**

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What is your child's experience in nature education and the outdoors?

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**Health Information:**

Medical information is required for your child to attend this program. It is essential to have your child's current health information to be able to ensure the safety and well-being of other students during their time in the program.

**Allergies**

Bee/Wasp Stings: YES NO Food: \_\_\_\_\_ Other: \_\_\_\_\_

**Does your child have any dietary restrictions? YES NO**

Please explain

\_\_\_\_\_  
\_\_\_\_\_

**Does your child carry: Antihistamine: YES NO EpiPen\*: YES NO**

Other: \_\_\_\_\_

**\*EpiPen – if yes, please speak to Sanctuary staff – staff are authorized to administer EpiPen only in case of emergency.**

**Please note: Sanctuary staff are not allowed to administer medications (other than an EpiPen and approved over-the-counter medications) to your child.**

Please provide details about your child's anaphylaxis, including the date and description of the reaction.

\_\_\_\_\_  
\_\_\_\_\_

If your child requires an EpiPen, please provide two non-expired EpiPens; one for your child to carry with them and one to keep with an instructor.

**Medications & Treatments:**

**Will your child be taking any medications while at program? YES NO**

**Medication:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Times taken each day:** \_\_\_\_\_

**Please explain the reason for the medication and any notes on giving this medication to your child.**

\_\_\_\_\_

***Medicine must be brought to program in its original packaging.***

Does your child regularly take any medications that will not be taken at program? YES NO

Please explain what medications your child takes regularly and why they are taken.

While participating in Nature Sanctuary programs, there are occasions where preventative medications or first aid treatment may be required for minor issues. Do you agree to have program staff provide the following over-the-counter medications to your child? Please include any over-the-counter medications your child may be needing in their backpacks.

- Acetaminophen (Tylenol) YES NO
- Antihistamines (Benadryl, Diphenhydramine) YES NO
- ASA (Aspirin) YES NO
- Ibuprofen (Advil) YES NO
- Insect Repellent YES NO
- Sunscreen YES NO

Is there anything the Nature Sanctuary needs to be aware of when giving any of the approved over-the-counter medications to your child?

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**Immunizations:**

Please list the date of your child's most recent tetanus vaccination or booster.

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Not immunized    Immunized on: \_\_\_\_\_

If your child has not been fully immunized for tetanus, please explain.

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**Health History:**

Has your child experienced, or is currently experiencing, any of the following conditions?

- ADD/ADHD YES NO
- Asthma/Inhaler YES NO
- Behavioral Issues YES NO
- Blackouts/Fainting YES NO
- Depression YES NO
- Developmental Delays YES NO
- Diabetes YES NO
- Eating Disorder YES NO
- Hay Fever YES NO
- Headaches YES NO
- Mental Health Issues YES NO
- Seizures YES NO

Speech Problems YES NO  
Uses eye glasses or contacts YES NO  
Other:

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Is there anything more we should know about your child (e.g. fears, anxieties)? Is there anything we can do to support your child (e.g. calming down techniques, focusing strategies)?

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**Be sure to fully explain any conditions your child is currently experiencing.**

Has your child have any restrictions on activity? YES NO  
Will your child require any special assistance while at program? YES NO  
Are there any current physical, social or mental health conditions that will impact your child's participation in Nature Sanctuary programming that involves ecosystem restoration (lifting, bending, digging, moving over uneven ground) and group education activities (listening, group interactions, working with peers and authority figure)?

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**In case of emergency, please provide your child's Personal Health Identification (PHI):**

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**Permissions**

I hereby give my consent for a Sanctuary staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I can not immediately be reached. I agree that the information provided above is a complete and accurate statement. I realize that failure to disclose such information could result in serious harm to my child and/or fellow students. **I agree to hold Nature Sanctuary and its staff harmless if all relevant information is not disclosed.** I also agree to notify the Nature Sanctuary should there be any change in my child's health prior to the start of the program or during the program

Date: \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Photo Release**

I give permission for my child, named above, to be photographed and/or videotaped by SLCHNS staff which may be used on the website, in print, electronic media and/or the community newspaper for promotional purposes.

Date: \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

I do not give permission.

This information is collected for the administrative and/or operational functions of the Swan Lake Christmas Hill Nature Sanctuary in accordance with the Freedom of Information and Protection of Privacy Act.

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