

Gathering Wild Registration Form 2020

Date:

Program Name:

Child Information

First Name:	Last Name:
Date of Birth (MM/DD/YYYY):	
Home Address:	
OHIP Number:	

Parent/Guardian Information

Parent/Legal Guardian #1:	Parent/Legal Guardian #2:
Full Name:	Full Name:
Phone Number:	Phone Number:
Home Address (If different from child's):	Home Address (If different from child's):
Email Address:	Email Address:

Parent/Guardian Signature: _____

Caregiver Information

Name:
Phone Number:

I do give *Gathering Wild* permission to take and use photographs or videos of my child while attending the program. I understand that this media may be used for commercial purposes (on our website, social media, posters, or other). Check all that apply:

Face Back of head Hands Body (No head) Whole body Feet

I do **not** give *Gathering Wild* permission to take and use photographs or videos of my child while attending the program.

Upon dismissal, I authorize the following people to pick up my child:

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

Emergency Contact Information

In the event of an emergency, I give *Gathering Wild* permission to contact these individuals:

Name:	
Phone Number:	Relationship to child:
Name:	
Phone Number:	Relationship to child:

Parent/Guardian Signature: _____

Medical History

Child's Physician:	Phone Number:	Address:
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My Child:	Yes	No
Is up to date on all immunizations required by the Government of Ontario		
If no, please explain:		
Has known or suspected allergies:		
If yes, please explain:		
Has a chronic or acute medical condition:		
If yes, please explain:		
Requires prescription medication:		
If yes, please explain:		

Medication

Name of medication:	Purpose:
Dosage and Time of Administration:	Prescription Number:
Refrigeration required? Yes No	Take with: Food Water
Prescribed by (Physician's name and number):	Notes:

Parent/Guardian Signature: _____

I authorize the administration of the above-mentioned medication to the above-named child by the staff of *Gathering Wild* until otherwise noted.

Signature of Parent/Guardian:

Date:

Gathering Wild will only administer medication to a child only from the original container or package labelled with:

- the child's name
- the name of the drug or medication
- the dosage of the drug or medication
- the date of purchase and expiration if applicable
- instructions for storage and administration

Illness Policy

Children cannot attend *Gathering Wild* programming if illness prevents their ability to participate in regular daily routines, or if attendance could be harmful to themselves or others. Families will be advised to make alternative care arrangements and seek medical attention for the following conditions:

- Unexplained or undiagnosed pain
- Acute cold with fever, runny nose and eyes, coughing and sore throat
- Difficulty with breathing
- Fever over 38 degrees centigrade accompanied by general symptoms such as listlessness
- Sore throat and difficulty swallowing
- Undiagnosed skin or eye rash
- Headache and stiff neck
- Unexplained diarrhea or loose stool combined with vomiting and abdominal cramps
- Severe itching of body and scalp
- Known or suspected communicable diseases
- In the event that a child becomes ill while at the centre, *Gathering Wild* reserves the right to contact their Parent/Guardian and request the child to be picked up immediately.

Parent/Guardian Signature: _____

Head Lice Policy

As per Canadian Paediatric Society guidelines, Gathering Wild does not exclude children with head lice. However, we do ask that you treat the lice as quickly as possible. If there is an outbreak of lice within the program, we will notify all parents/guardians immediately.

For more information, see the Canadian Paediatric Society's position statement on head lice infestations: <https://www.cps.ca/en/documents/position/head-lice>

Injury Policy

When a child is injured, an accident report describing the injury and any first aid provided must be given to the child's parent. If there is a serious injury, staff will immediately contact the child's parent/guardian or emergency contact and administer First Aid as required.

Should it become necessary for the above-named child to have immediate medical care, I hereby give Gathering Wild permission to use best judgment in obtaining the best of such service for the child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident/injury, I will be notified as soon as possible.

Parent/Guardian Signature:

All staff maintain valid First Aid and CPR certification and Vulnerable Sector Clearances.

I understand that according to The Ministry of Education Gathering Wild falls under Recreational Exemption and does not require a childcare license by the Government of Ontario.

Parent/Guardian Signature: _____