



## Kid's Summer Learning Camp Permission Form

To attend this event please fill in the form below and hand it to your leader at the beginning of the event or scan and email it to [diana.camerin@mosaic-bc.ca](mailto:diana.camerin@mosaic-bc.ca)

Note: Children will be supervised at all times while in Mosaic Vocational School's care and children will be escorted to the public washrooms by an adult. There will not be any extra support for children with behavioural issues thus any inappropriate behaviour will not be tolerated and for the safety of the other children the child will be withdrawn from the camp.

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### **Permission Slip**

Name of Young Person: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Telephone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Telephone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Name of People Allowed to Pick Up the Child:

1. \_\_\_\_\_ Relation: \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_

3. \_\_\_\_\_ Relation: \_\_\_\_\_

Any Allergies/Disabilities?  
\_\_\_\_\_

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***I give permission for my son/daughter to attend***

Guardian Signature: \_\_\_\_\_ Guardian Name: \_\_\_\_\_

LIABILITY RELEASE WITH PARENTAL CONSENT  
FOR MEDICAL/EMERGENCY  
TREATMENT AND TRANSPORTATION

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all activities conducted by Mosaic Vocational School and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Mosaic Vocational School to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anaesthesia, x-ray, examination, and performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by Mosaic Vocational School personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, Mosaic Vocational School staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Mosaic Vocational School shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

Children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation and agree(s) to release, indemnify, defend and forever discharge Mosaic Vocational School and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the class.

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Signature of Parent/Guardian Date