



## Emergency Information – Children & Youth Programs

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Child's Address \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

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### Emergency Contact Information (cannot be guardians)

1) Name \_\_\_\_\_ Contact Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

2) Name \_\_\_\_\_ Contact Number \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Contact Number \_\_\_\_\_

Health Card Number \_\_\_\_\_

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### Name and phone numbers of people other than Parents/Guardians who can pick up your child. Please note we may ask for photo identification.

- No one under the age of 18 will be permitted to escort a registrant from the building.
- Notification must be made in writing to the Manager of Recreation to revise this list.

1) Name \_\_\_\_\_ Contact Number \_\_\_\_\_

2) Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Any special instructions, such as custody orders must be sent to the Manager of Recreation [agrose@mapleton.ca](mailto:agrose@mapleton.ca)

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### Please provide us with any additional information that you feel might be helpful. Please specify any physical or behavioural challenges.

- Include any supports your child receives at school during the day.

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## Emergency Information – Children & Youth Programs

**Please provide us with any allergy (even if mild), medical and dietary condition information regarding your child:**

- Getting treatment or has a condition that compromises or (weakens) your immune system
- A chronic (long-lasting) health condition (for example, diabetes, emphysema, asthma)
- Regularly going to a hospital or health care setting for treatment

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