

Youth Activity Permission Slip

Participant Name:

Emergency Contact:

Date of Birth (MM/DD/YYYY):

Phone:

Gender:

Address:

Allergies:

Dietary Restrictions:

Medical Conditions:

Medications Taken:

Medical Number:

Date of most recent tetanus shot:

Comments/Notes:

I, _____ give permission for my child, _____, to participate in recreational activities with Wei Wai Kum First Nation. I understand all reasonable safety precautions will be taken at all times by Wei Wai Kum First Nation during events and activities. I authorize any treatment by an accredited hospital or physician deemed necessary for my child in case of emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

Parent/Guardian signature: _____

Date (MM/DD/YYYY): _____

*If you wish to contact the Youth Worker, please call Jessica at **250-286-6949** ext. **115** or email at **jessicarhodes@weiwaikum.ca***