 **CONSENT FORM**

**Social Media Agreement**

My child’s picture shall be taken using a program owned device (camera, iPad) only. The pictures shall be used for record, in newsletters or be displayed in the program ONLY. The program shall **NOT** use my child’s pictures in any form on social media/internet or otherwise.

Yes, I agree No, I don’t agree

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fieldtrips/Neighbourhood Walks Agreement**

My child shall participate in fieldtrips and nature walks within 2kms of the program without my signing any further documents. However, the program shall inform me when such trips have been planned. Any fieldtrip that is more than 2kms will require my consent in writing.

Yes, I agree No, I don’t agree

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Agreement**

I am responsible for providing my child with balanced meals. All meals and snack shall be nut free. The program shall only have non perishable snacks available in case children need some extra food.

Yes, I agree No, I don’t agree

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement to share information**

The program shall share and seek pertinent information with the school that will help the program better support my child. The program shall be responsible to inform me of any information that has been shared at any given time.

Yes, I agree No, I don’t agree

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transition Agreement**

Program staff shall pick my child up from the designated meeting point at the school and accompany her/him to the program. In the morning, program staff shall walk my child to the drop off spot as agreed with the school.

Yes, I agree No, I don’t agree

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement to inform of absences**

I am responsible for informing the program of my child’s absence. In the case that I have not informed the program, and I cannot be contacted, the program shall call the emergency contact I have provided at the time of registration. The emergency contact shall help to contact me.

Yes, I agree No, I don’t agree

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick-up agreement**

I shall inform the program in writing (email or note, phone call when the previous mentioned are not possible) when someone other than myself is picking up my child. The program shall not let my child go if this expectation is not met, or unless direct communication with me has been made. Any person picking up my child (including parents) shall produce picture ID if asked by staff.

Yes, I agree No, I don’t agree

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Agreement**

I shall inform the program of any medication that my child needs to take while in the care of the program. All medications shall be prescribed. I am responsible for informing the program of any emergency medication my child may be taking. I am responsible for making sure the medication is available while my child is at the program.

Yes, I agree No, I don’t agree

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print

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