



Preschool, Child, & Youth Program Waiver September 2019-June 2020

Participant's Name:	Address:	Date of Birth:
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Participant May Walk Home from Program: Y / N If yes, at what time: _____:_____

Parent/Guardian Name:	Home: Work:	Cell:
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Parent/Guardian Name:	Home: Work:	Cell:
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Authorized Pick Up:	Relation:	Home: Work:	Cell:
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Authorized Pick Up:	Relation:	Home: Work:	Cell:
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Authorized Pick Up:	Relation:	Home: Work:	Cell:
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Authorized Pick Up:	Relation:	Home: Work:	Cell:
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In case of an emergency we will contact parents first. Please provide the name of a reliable relative/friend (other than parents) we can contact if parents cannot be contacted.

Name:	Relation:	Home: Work:	Cell:
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Name:	Relation:	Home: Work:	Cell:
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***Medical Administration form to be completed if applicable**

Medical information (i.e. medication, allergies, Epi-pen, asthma, seizures, diabetes, behaviour, etc.):

Dietary Restrictions/Other: _____

Notes:

For After 4 participants only:

Grade Entering: _____ Walkover from Hopewell Required: Y / N

If your child does not go to Hopewell, does he/she arrive on a bus: Y / N

Location of Drop-off: _____ Time of Arrival: _____

I / We agree that OSCA, its directors, employees, agents and independent contractors shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from my participation in this activity UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of OSCA or its employees or agents acting within the scope of their duties.

Parent/Guardian Name <hr/> Parent/Guardian Signature <hr/>	Date <hr/>
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OSCA Conditions of Enrollment

OSCA asks that all parents and guardians of participants:

1. Notify program staff of any changes to the Registration Form, including medical, physical, and emotional health issues, and/or custody arrangements.
2. Pick up participants by the agreed-upon time. Late fees may be applied if the issue is ongoing.
3. Staff are not responsible for children outside of program hours. (Before the start of the program and upon arrival when picking up the participant.)

Allergies/Medication

1. OSCA is a peanut free environment. Lunches or snacks that may contain nuts, traces of nuts, or nut by-products will be confiscated.
2. If a participant has severe or life threatening allergies or requires medication to be administered, all medication (including epinephrine auto-injectors) must be given to the coordinator or front desk staff to be stored at reception. *Additionally, a Medication Request Form and a Medication Administration Consent Form must be filled out and submitted with the medication. All participants with a severe or life threatening allergy must have a picture attached to their forms for quick identification.*
3. All prescribed medication must be kept in the original package that includes a pharmacist label indicating proper dosage instructions and the participant's name. A medication administration form must also be filled out and signed by a parent before the participant is given medication. These forms are available at the front desk.
4. Every reasonable attempt will be made to ensure that all participants formally identified to OSCA as having severe, life-threatening anaphylactic allergies are identified to OSCA staff who have received training in:
 - a. anaphylactic allergies and their potential severity,
 - b. recognition of the symptoms of anaphylaxis,
 - c. administration of EpiPen®, Allergect, Twinject
 - d. recognition of the potential symptoms and/or warning signs of a participant in medical distress.

Please note that in addition to the epinephrine auto-injectors kept at the front desk, one auto-injector must be worn by the participant at all times. All participants must therefore bring two epinephrine auto-injectors to programs at all times.

Behavioural

1. Participants, parents, and legal guardians are expected to be responsible for their words/actions and to be respectful of others. If participants, parents, or legal guardians do not demonstrate basic respect for the rights and dignity of staff members or other program participants, OSCA reserves the right to immediately suspend or terminate the participant's enrolment. This includes, but is not limited to, inappropriate or aggressive behaviour, using inappropriate language, refusal to follow behaviour guidelines, and endangering the health and safety of themselves, other participants, or staff members.
2. Parents/guardians can request an in-person meeting, prior to the start of the program, with the Preschool, Children, and Youth Program Coordinator should the participant require additional support or accommodations.

Schedule Changes

1. OSCA reserves the right to change the activities/location of the activity schedule as needed (weather conditions, low supplies, etc).
2. If the participant needs to be picked up early, we recommend that parents call ahead to determine whether there has been a schedule change.

Belongings/Damage to property

1. Participants are responsible for their own belongings. OSCA shall not be responsible for loss or damage to property belonging to program participants.
2. Participants are not to bring electronic devices, iPods, toys, or similar items.
3. Electronic equipment with photographic capabilities (including cell phones) is prohibited.
4. Parents/guardians agree to pay for any and all damages caused by a participant to facility property and/or the property of others.

Drop-off/Pick-up for After 4

1. Parents/Guardians will notify program staff if the participant will be late attending the program or will be absent. Parents/guardians can call (613) 247-4946 and leave a message with the front desk staff or email firehallcoordinators@oldottawasouth.ca. Parents/Guardians of participants who do not arrive on time will be contacted by phone, therefore it is imperative that OSCA is notified of absences ahead of time.
2. Follow the program's sign-out procedures. Staff are not to release a participant to any person who is not authorized by the parent or legal guardian to take the participant. If a non-authorized person will be picking up the participant, please email firehallcoordinators@oldottawasouth.ca or call/visit the front desk (613-247-4946) to have them record the information.

Non-Compliance with the Conditions of Enrolment could result in participants being discharged from the program.

By signing below, you agree that you have read and will abide by the above Conditions:

Name (please print)

Signature

Date



DETAILED CHILDREN’S PHOTO & VIDEO PERMISSION WAIVER

We (OSCA Program Instructors, After-Four Coordinators, Communications Coordinator, etc.) occasionally take photographs & videos of program participants throughout the session. These photos or videos are used for a variety of reasons, including promoting OSCA programs.

****Please note that we do not publish any names, whether of the participant or those related, in any of the different forms of OSCA communication outlined below****

<i>Participant’s Name:</i>	<i>Address:</i>	<i>Date of Birth:</i>
<i>Programs:</i>		
<i>Parent/Guardian Name:</i>	<i>Email:</i>	<i>Phone:</i>
<i>Parent/Guardian Name:</i>	<i>Email:</i>	<i>Phone:</i>

Option 1: If you DO give OSCA permission to take and display photos & videos, please initial all options that are acceptable for photo use:

<input type="checkbox"/>	Photos/videos may be displayed in Program Rooms (e.g., Michael Jenkin Hall or the Pottery Studio)
<input type="checkbox"/>	Photos/videos may be published in local community newspapers (e.g. The OSCAR, The Glebe Report)
<input type="checkbox"/>	Photos/videos may be published on the OSCA Website
<input type="checkbox"/>	Photos/videos may be published on OSCA’s Social Media Platforms (e.g. Facebook, Instagram, Twitter)

By selecting Option 1, I grant OSCA permission to take and publish photographs and videos of the minor child listed above. I understand that I may withdraw my consent in writing at any time by emailing oscaprograms@oldottawasouth.ca.

I hereby waive any right to the product. I understand that neither I, nor the minor child, will receive financial compensation. In addition, I release OSCA, its contractors, its employees and any third parties involved in the creation or publication of promotional publications, from liability for any claims by me or any third party.

Option 2: If you DO NOT give OSCA permission to take and display photos or videos of your child, please check the box below.

I do not give permission to OSCA to take and display photos of my child (named above).

Parent/Guardian Signature

Date

NB: Please note that photo permission waivers will be given for After-Four, Summer Camps, Break Camps, and at the start of each new program session (i.e., Fall, Winter, Summer, Spring). A new waiver will be required at the start of each new session throughout the year.

Medication Administration Request Form

REF: Medication Administration and
Conditions of Enrolment

TO BE COMPLETED BY THE PARTICIPANT OR PARENT/LEGAL GUARDIAN OF THE PARTICIPANT

Participant's Name:

Participant's Date of Birth

Participant address:

Participant Emergency Contact:

Participant/parent/guardian signature: _____

MM / DD / YYYY

Emergency Number:

Name of Medication as it Appears on the Label	P = Prescription NP = Non- Prescription	Medication Expiry Date	Treatment end date	Possible Side Effects (if any)	Administration Schedule (time to be given)	Dosage & Route	Storage Instructions

Please indicate special instructions for taking medication (i.e. with meals, drink plenty of water).



Medication Administration Form Part 2

*****ATTACH SIGNED TERMS AND CONDITIONS FORM TO THE REGISTRATION FORM*** PART 2 - TERMS AND CONDITIONS FOR OSCA STAFF TO ADMINISTER, SUPERVISE THE ADMINISTRATION OF, OR STORE PARTICIPANT MEDICATION**

PLEASE READ CAREFULLY

1. I agree to provide OSCA staff with:
 - a. **In the case of Non-prescription Medication and Natural medicine**
 - i. Staff will ask for and receive a physician's written order before agreeing to administer, store or supervise the administration of *Non- Prescription Medication/ Alternative Medicine*. All non-prescription medication must be supplied in its original container, dated and labelled with the participant's name.
 - b. **In the case of Prescription medication**
 - i. will have the original pharmacist's label with the participant's name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration and instructions for storage.
 - c. **Photograph(s) – in the case of epinephrine auto-injectors**
 - i. **ONE photograph** that will be affixed to the Medication Administration Request Form.
 - d. **Two** Epipen® or two TwinJect® brand auto-injectors of epinephrine if my child suffers from life threatening allergies. The Epipen®/TwinJect® must be prescribed by a physician and labelled with the pharmacist label. I understand that I am responsible for regularly checking my child's Epipen®/TwinJect® for expiration and discoloration.
 - e. **I understand that in the case of the TwinJect® auto injector, OSCA staff will not administer the second dose but will use the second TwinJect® provided or an Epipen®.**
2. OSCA reserves the right to refuse the registrant's participation in the program if the above Terms and Conditions have not been followed.
3. Clients who require the use of emergency medication (i.e., Nitroglycerin, inhaler, Epipen) and come to OSCA programs without their medication will not be permitted to participate.
4. I agree that OSCA staff may refuse to administer, supervise the administration of, or store medication where the labels on the medication container(s) do not contain all the information specified above.
5. Any directions that deviate from the OSCA policy will be reviewed through consultation with the executive director or his/her designate on a case-by-case basis.
6. I understand that not all OSCA staff participating in the Medication Administration policy are trained health professionals and that the administration of medication is being provided by or, on behalf of OSCA, on a purely voluntary and gratuitous basis. As the Participant or Parent/Legal guardian of the Participant/Client receiving medication, I fully understand the nature and extent of the risks involved in administering medication.

I confirm that I have read and understood and completed this agreement and the Enrolment form. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having OSCA administer medication under the provisions of this agreement to the named participant.

I authorize OSCA staff to (please check the appropriate box):

- Supervise the named participant in the administration of his/her own medication.
- Administer medication to the named participant.
- Share personal and confidential information in the case of an emergency responder.

Name of Participant or Parent/Guardian if Participant is under the age of 18 or an adult who lacks the capacity to provide informed consent (please print).

Signature of Participant or Parent/Guardian if Participant is under the age of 18 or an adult who lacks the capacity to provide informed consent.

Date: / /
MM DD YYYY