

## Summer Program 2022 Agreement

To access Robin Hood Summer Program 2022 the parent/legal guardian agrees to the following:

1. A daily health assessment survey will be completed and signed by parents at drop off.
2. All children attending the program must feel well and be free of the following symptoms:
  - Fever/Chills/Headache/Muscle or Joint Ache
  - Cough/Sore Throat/ Painful Swallowing
  - Shortness of Breath/Difficulty Breathing
  - Loss of Appetite/Loss of Smell or Taste
  - Conjunctivitis (pink eye)
  - Runny Nose/Stuffiness
  - Feeling Unwell/Fatigued/Severe Exhaustion
  - Nausea/Vomiting/Diarrhea
3. **Children who develop symptoms during the program are to be picked up immediately.** If staff cannot reach you, your alternate emergency contact will be expected to collect your child for you.
4. If your child is feeling ill or symptoms are present you will contact the admin team immediately by email [awatts@robinhoodassoc.com](mailto:awatts@robinhoodassoc.com) and let them know your child will not be at the program.
5. Your child will be required to self-isolate as per health orders mandated by Alberta Health Services. *For the current program there is no cancellation fee for children unable to attend due to covid related illness.*
6. Families must follow all health orders and restrictions put in place by Alberta Health Services and the Government of Alberta.
7. Families must contact the admin team if anyone in their house hold has come into contact with a confirmed case of Covid-19 or are being investigated for Covid-19.

Child's name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**Summer Program Registration**

Date:

**APPLICANT INFORMATION:**

Child Name:

Birth Date:

Street Address:

City:

Postal Code:

	Name	Phone #	Email
Parent(s)/ Guardian(s):			
Alternate Emergency Contact:	Name		Phone #

**MEDICAL INFORMATION:**

Diagnosis:

AHC #:

Physician:

Physician Phone #:

Allergies:

Seizure Activity:      Yes  No

Wheelchair User:      Yes  No

1-1 Support Required:      Yes  No

Pre-existing conditions that may cause respiratory or other symptoms (i.e. seasonal allergies, med side effects etc.):

Other information: (e.g. safety concerns, behaviors, medical concerns, 1-1 support required)

**Medication**

Please list all prescribed medications that the applicant will require at camp, including dosage and times.

Medication	Prescribed for	Dosage	Times Taken	Prescribing Physician

**\*Please note: medication will not be administered at program unless it is in a labelled pharmacy bottle or bubble pack\***

### Summer Consent Forms

#### Field Trip Permission

I hereby give permission for X to participate in any outings planned  
Child Name  
by the Robin Hood Summer Program during July and August 2022. I understand transportation will be by Robin Hood Vans, contracted buses, public transportation or staff vehicle.

X

Parent/Guardian Signature

Date:

#### Photography and Video Consent Form

**YES**, I give Robin Hood Association permission to take and use for

X 's photograph and/or video image for inclusion in  
Child Name  
**publications, advertisements, audio-visual presentations and/or Association-managed web pages and social media sites, produced for the purpose of public information and promotion of Robin Hood Association's programs, services and special events.**

**OR**

**NO**, I do not give consent.

X

Name (please print)

X

Parent/Guardian Signature

Date:

#### Lifejacket/Swimming Permission

I hereby give X permission to: (please check one)  
Child Name

- Swim in both the deep and shallow water without a life jacket.
- Swim in the shallow water without a life jacket.
- Swim with a life jacket at all times.

X

Name (please print)

X

Parent/Guardian Signature

Date:

**Summer Consent Forms**

Sunscreen and Bug Spray Waiver

**Participant Name:**

Please check the boxes you agree with:

- Staff may apply sunscreen  
 Staff may apply bug spray

Application Notes:

**YES** I, do release all employees of Robin Hood Association, Children & Youth Services to apply and/or assist in applying bug spray and sunscreen, whenever necessary, to the participant in Robin Hood Association Summer Program between **July 4, 2022 – August 26, 2022**

**OR**

**NO**, I do not give consent.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT**, and I understand, appreciate, and accept the risks associated with the application of sunscreen and/or bug spray to     X     by Robin Hood Association employees.

Child Name

X

\_\_\_\_\_  
Name (please print)

X

\_\_\_\_\_  
Parent/Guardian Signature

Date:

**Robin Hood Summer Program – July 2022**

Birch Room Group (ages 8-12)

Applicant's name:

Date:

FSCD worker's name:

***Please check all boxes that correspond to the dates you wish your child to attend.***

Date	Full Day	OFFICE USE ONLY	
		Waitlist	Confirmed
Monday July 4	<input type="checkbox"/>		
Tuesday July 5	<input type="checkbox"/>		
Wednesday July 6	<input type="checkbox"/>		
Thursday July 7	<input type="checkbox"/>		
Friday July 8	<input type="checkbox"/>		
Monday July 11	<input type="checkbox"/>		
Tuesday July 12	<input type="checkbox"/>		
Wednesday July 13	<input type="checkbox"/>		
Thursday July 14	<input type="checkbox"/>		
Friday July 15	<input type="checkbox"/>		
Monday July 18	<input type="checkbox"/>		
Tuesday July 19	<input type="checkbox"/>		
Wednesday July 20	<input type="checkbox"/>		
Thursday July 21	<input type="checkbox"/>		
Friday July 22	<input type="checkbox"/>		
Monday July 25	<input type="checkbox"/>		
Tuesday July 26	<input type="checkbox"/>		
Wednesday July 27	<input type="checkbox"/>		
Thursday July 28	<input type="checkbox"/>		
Friday July 29	<input type="checkbox"/>		
<b>Please indicate total number of days requested</b>			

**I understand that: Registered days cancelled without 7 days' notice or unattended will be billed directly to families at full camp rate. Sick days are considered unattended days.**

Parent initials: \_\_\_\_\_

Please add me to the waitlist if selected days are full

**Robin Hood Summer Program – August 2022**

Birch Room Group (ages 8-12)

Applicant's name: \_\_\_\_\_

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

FSCD worker's name: \_\_\_\_\_

***Please check all boxes that correspond to the dates you wish your child to attend.***

Date	Full Day	OFFICE USE ONLY	
		Waitlist	Confirmed
Monday, August 1 (STAT)	Closed	Closed	Closed
Tuesday, August 2	<input type="checkbox"/>		
Wednesday, August 3	<input type="checkbox"/>		
Thursday, August 4	<input type="checkbox"/>		
Friday, August 5	<input type="checkbox"/>		
Monday, August 8	<input type="checkbox"/>		
Tuesday, August 9	<input type="checkbox"/>		
Wednesday, August 10	<input type="checkbox"/>		
Thursday, August 11	<input type="checkbox"/>		
Friday, August 12	<input type="checkbox"/>		
Monday, August 15	<input type="checkbox"/>		
Tuesday, August 16	<input type="checkbox"/>		
Wednesday, August 17	<input type="checkbox"/>		
Thursday, August 18	<input type="checkbox"/>		
Friday, August 19	<input type="checkbox"/>		
Monday, August 22	<input type="checkbox"/>		
Tuesday, August 23	<input type="checkbox"/>		
Wednesday, August 24	<input type="checkbox"/>		
Thursday, August 25	<input type="checkbox"/>		
Friday, August 26	<input type="checkbox"/>		
<b>Please indicate total number of days requested</b>			

**I understand that: Registered days cancelled without 7 days' notice or unattended will be billed directly to families at full camp rate. Sick days are considered unattended days.**

Parent initials: \_\_\_\_\_

Please add me to the waitlist if selected days are full