

Norfolk Pregnancy Centre Inc.
Norfolk Pregnancy & Family Resource Centre (NPC)
A Christian faith based organization

Client # _____

n' Courage Club

*Information received is confidential and is being gathered for the purposes of serving your youth while in the care of NPC. Any medical information collected here serves to authorize NPC, and its Staff/Volunteers, to obtain medical assistance in emergencies.
This form should be completed annually by the Parent / Guardian.*

Personal Information:

First Name _____ Last Name _____

Date of Birth (DD/MM/YY) _____ School _____

Street Address _____

City _____ Postal Code _____

Email _____ Cell _____

Family Doctor _____ Phone Number _____

Is your youth bringing any medication with them? Yes No

If yes, please list. _____

Health Concerns _____

Allergies _____

Does your youth have any physical, emotional, mental, behavioural concerns or limitations that NPC Staff/Volunteers should be aware of? Yes No

If yes, please explain _____

Parent/Guardian Contact Information:

1) Parent/Guardian Contact _____

Home Number _____ Cell Number _____

Email _____

2) Parent/Guardian Contact _____

Home Number _____ Cell Number _____

Email _____

Emergency Contact if Parent/Guardian cannot be reached:

In case of an emergency, contact _____

Home Number _____ Cell Number _____

Email _____

Pick Up Information:

Who has permission to pick your youth up from n’Courage?

Does your youth have permission to walk home from n’Courage alone? Yes No

Please note: If you would like a person, other than the one identified above to pick up your youth, NPC will require written notice from the parent/guardian. Please make sure the person picking up your youth has photo id. Please also let us know, in, writing, if your youth is permitted to leave n’Courage on their own.

I/we, the Parents / Guardians named below, authorize [program leader] or one of NPC’s Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless, NPC, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of NPC. As well as, of any medical treatment authorized by the supervising individuals representing NPC. This consent and authorization is effective only when participating in or traveling to events sponsored by NPC.

Communication:

A policy is in effect that communication is to be used solely for the sharing of information with Parents/Guardians. NPC will not be contacting your youth directly. NPC will contact you through phone, text, email provided in the registration form. NPC cancellations can be found on our Facebook page:

The Norfolk Pregnancy & Family Resource Centre & on Twitter. If the school board calls an inclement weather (Snow) day NPC will also be closed.

Photos

Please initial boxes below, in which you agree to grant permission for the reasonable use of pictures containing your Child.

Brochures/Promotional material

NPC

Website/FB

Newsletters

Videotaping

Training

Purposes and Extent

NPC is collecting and retaining this personal information for the purpose of enrolling your youth in n' Courage Club, to develop and nurture ongoing relationships with you and your youth, and to inform you of program updates and upcoming opportunities at NPC. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish NPC to limit the information collected, or to view your youth's information, please contact us.

Parents / Guardians Options

I have read, understood and agree with above, to cover all n' Courage activities for the n' Courage Club (year effective as stated below). A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

Parents'/Guardian Signature _____

Printed Name _____ Date _____

Parents'/Guardian Signature _____

Printed Name _____ Date _____

This permission form is effective: DATE _____ to _____