



Consent for Emergency Care

Emergency Contact: _____ Phone: _____

Important information about your child(ren), e.g. Allergies or medical conditions:

Provincial Health Number: _____

Parent or Legal Guardian Consent

I am aware that participation in academic/social activities may involve unforeseen risk of personal injury. I fully assume such risks. By signing this document, I give my consent to the staff or volunteers of the Allan Brooks Nature Centre to transport my child to appropriate medical help in the event of a medical emergency. I agree that the Allan Brooks Nature Centre Society, it's officers, employees and agents shall not be liable for any injury or loss sustained by participating in those activities at the Centre and surrounding area field trips.

I have disclosed all relevant information about the allergies and medical conditions of my child.

Signature of Parent/Legal Guardian: _____

Date: _____

Witness: _____ Date: _____

Permission to Photograph Form

I hereby give Allan Brooks Nature Centre and its partners permission to use photographs of the minor(s) named below for publicity, in promotional materials such as pamphlets, posters, news releases &/or newspaper articles used by Allan Brooks Nature Centre and its partners. This may include use of our first and last names.

I hereby release and discharge Allan Brooks Nature Centre and its partners from any and all claims arising out of the use of the photograph that the minor child(ren) listed may have in this regard.

Name of child: _____

Name of child: _____

Name of child: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____