



**Information/Authorization** - Please complete one form for each child. This form must be emailed back to [bookings@swanlake.bc.ca](mailto:bookings@swanlake.bc.ca) **at least one week prior** to the first day of class.

Program Name: \_\_\_\_\_

Program Dates: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Birthdate: (MM/DD/YYYY) \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Number (1): \_\_\_\_\_

Contact Number (2): \_\_\_\_\_

**Is anyone other than you authorized to pick up your child after class?** (Circle one) Yes No

If Yes,

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please note: It is our strict policy to release children from our care ONLY into the direct care of a parent or an adult authorized on this form to pick up the child.*

**Alternate Contact in Case of Emergency (must be accessible during the hours of the camp: 8:30 am – 4:00pm)**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

**Allergies:** Bee/Wasp Stings: YES / NO Food: \_\_\_\_\_ Other: \_\_\_\_\_

Does your child carry? Antihistamine: YES / NO Epipen\*: YES / NO Other: \_\_\_\_\_

**\*Epipen – if yes, please speak to Sanctuary staff – staff are authorized to administer Epipen only in case of emergency.**

**Please note: Sanctuary staff are not allowed to administer medications (other than Epipen) to your child.**

**Behavior/Needs:**



Is there anything more we should know about your child? (fears, anxieties, calming down techniques, etc.)

---

---

---

Is there anything we can do to support your child's learning?

---

---

### Permissions

I hereby give my consent for a Sanctuary staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I can not immediately be reached.

Date: \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_

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

I give permission for my child, named above, to be photographed and/or videotaped by SLCHNS staff which may be used on the website, in print, electronic media and/or the community newspaper for promotional purposes.

Date: \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_

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

This information is collected for the administrative and/or operational functions of the Swan Lake Christmas Hill Nature Sanctuary in accordance with the Freedom of Information and Protection of Privacy Act.

3873 Swan Lake Rd. Victoria, B.C. Canada V8X 3W1

T:250 479-0211 F: 250 479-0132

E: [info@swanlake.bc.ca](mailto:info@swanlake.bc.ca)

[www.swanlake.bc.ca](http://www.swanlake.bc.ca)