



179 Seekings Street, Headingley, MB, R4J 1B1
Phone: 204.885.2444
Email: info@mhrd.ca
www.mhrd.ca

Parental Consent Form and Release of Liability

Child's name: _____ Age: _____

Address: _____ Town/City: _____

Postal Code: _____ Birth date: _____

Parent and Alternative Contact Information	
Parent's Names: _____	
Parent: Home Phone: _____	Cell Phone: _____
Parent: Home Phone: _____	Cell Phone: _____
In case the parent/guardian is not available in the event of an emergency, please provide a third alternate emergency contact:	
Name: _____	Relationship to child: _____
Phone number: _____	
Health and Medical Information	
MHSC No. _____	PHN No. _____
Allergies and Medical Conditions: _____ _____	
Treatment (if any): _____	
Special Needs Diagnosis: _____	
Treatment (if any): _____	

Waiver and Consent in Case of Emergency

In the case of emergency, I give permission for my child to receive medical procedures deemed necessary by: Macdonald-Headingley Recreation District staff, emergency services or any other physician selected by emergency services. Such action is to be taken only when immediate contact with the undersigned or the emergency contact person cannot be made.

Parent/Guardian Signature

Date

I, the parent/guardian of the above-named child, permit my child to attend the Macdonald-Headingley Recreation In-service Day Forest School. I, the undersigned, provide permission for my child to participate in the full range of program activities.

I agree that, having taken such precautions as in your discretion are deemed advisable, Macdonald-Headingley Recreation District programming shall not be held responsible for any accident or sickness affecting my child or for any loss or damage to his/her personal property. I understand that, should my child, in the judgment of the Macdonald-Headingley Recreation Director, become a hazard to him/herself or to others at the camp, he or she may be sent home from the camp without refund. To the best of my knowledge, my child is in good health and not showing signs of covid-19 symptoms. I agree to inform Macdonald-Headingley Recreation District of any infectious diseases, which my child may have been exposed to during the three weeks prior to arriving at the program.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Photo and Video Consent and Release Form

I grant Macdonald-Headingley Recreation District staff the right to take photographs and/or video recordings of my child. I authorize Macdonald-Headingley Recreation District, its assigns, and transferees to copyright, use and publish the same in print and/or electronically for marketing, advertising, promotional, publicity and/or communication purposes.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____