

Please complete and sign below:

Participant's Full Name _____ Date of Birth _____

Address _____

City _____ Province _____ Postal Code _____

Home Telephone Number _____

Parent/Guardian's Full Name _____

Parent/Guardian's Work Telephone Number _____

Care Card Number: _____

Emergency Contact _____ Home Tel _____

Mobile _____ Work Tel _____

Allergies/Medical Conditions (please list):

The purpose of this document is to ensure that persons under the age of 19 have permission from their parent or legal guardian to participate in our **Parkgate Society Youth Services Programs (1 to 1 Support, Youth Centre Drop-Ins, Gals and Pals and various Out-Trips/Groups that do not require transportation).**

Parkgate Society Youth Services department has been approved to operate from Vancouver Coast Health and will follow/adjust to provincial COVID-19 health and safety protocol which currently include cleaning and physical distancing measures. We ask that participants wear a face mask during the program unless they are eating or drinking (mask are provided if needed). In addition, to this waiver participants will be asked complete a COVID-19 screener before entry to program. Due to COVID-19 Health and Safety regulations Parkgate Youth Services requires the following Health checklist to be completed before entering any Parkgate Youth Programs:

COVID-19 Checklist

No services provided if yes to any of the below named conditions. In continuing to provide a safe environment for all participants and staff we will ask participants to complete a COVID-19 health question screener prior to admission into the program to verify participant is a not experiencing any COVID-19 symptoms/risk factors.

- Returning from any international travel (incl. USA) in the last 14 days
- People waiting for a test or test result for COVID-19
- People with COVID-19
- People who are in close contact with someone who is isolating due to COVID-19 or COVID-19 restrictions
- People who have not travelled, but who have flu-like symptoms (fever, cough, tiredness, aches or severe tiredness)

Facilitators/Youth Workers will exercise judgement on youth participating in program.

Youth who exhibit symptoms such as runny nose or flush cheeks/temperature will be asked to not participate in the program.

If a youth falls ill during a program (then the youth and staff will isolate from the group wearing masks until the participant can be picked up or another arrangement is agreed upon with a parent or guardian). The participant that has fallen ill will be advised to contact the 8-1-1 line for further information on next steps.

If participants receive a positive COVID-19 test and have attended a program we ask that contact to be made with Parkgate Youth Services staff (named below) within 24hours. Parkgate Youth Services staff will work in conjunction with Vancouver Coastal Health contact tracing team to ensure other participants and staff who may have been in contact with a positive COVID-19 test subject are notified.

Parent/Legal Guardian Signature _____ Date _____

If you have any questions or concerns, please do not hesitate to contact:

Natasha Rivard-Morton Youth Centre Coordinator

Office: 604.983.6358, Cell: 604.783.5754

Dale Cheyne, Youth Services Supervisor

Office: 604.983.6379, Cell: 604.783.8053

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