



Art Gallery of Peterborough Health Information Form 2017

The City of Peterborough and the Art Gallery of Peterborough undertake to safeguard your child while participating in our programs. This form is mandatory for all Art Gallery of Peterborough registrations for child and youth programs and must be submitted on or before the start date of any program the participant is attending. The information will be retained for one calendar year. It is the parent/guardian responsibility to inform the gallery of any changes to this information within that time.

For more information, contact the Art Gallery of Peterborough Education Co-ordinator, 705 743 9179.

Participant's first name: _____ last name: _____

Birthdate (yyyy/mm/dd): _____ (Internal) AGP sumac _____

Parent/guardian names:

Guardian 1 _____

Phone number home _____ work _____ cell _____

Address _____ city _____ PC _____

Guardian 2 _____

Phone number home _____ work _____ cell _____

Address same as above _____ OR _____

_____ city _____ PC _____

Are there special custody arrangements for this participant? YES _____ NO _____

If yes, briefly describe: _____

List allergies, medical conditions, disabilities, conditions, needs, behaviours, and any special instructions:

Child/teen is carrying epi-pen YES _____ NO _____ puffer YES _____ NO _____ other _____

See over→

Child /Teen Name _____

Release Authorization

List any alternative caregivers, other than the parents/guardians listed above, that will be picking your child up from the program. Please note that the children will only be released to individuals to whom you have given authorization on this form. The individuals listed below are also alternative emergency contacts. It is the parent/guardian responsibility to inform the gallery of any changes to this information. Contact the Art Gallery of Peterborough Education Co-ordinator, 705 743 9179.

The following have permission to pick up my child from the Art Gallery of Peterborough. The child will not be released to any other person unless pre-arranged. **Provide at least one alternate contact name and phone**

| NAME | Relationship to Child/Teen | Day Phone |
|------|----------------------------|-----------|
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| | | |

My child is over 14 years old and has permission to sign themselves out YES_____ NO_____

My signature below confirms permission for my child to participate in all AGP program activities, including supervised activities outdoor activities in Del Cray Park. In the course of program activities, photos may be taken and audio and/or visual recordings may be made. I, on behalf of my child, understand the nature of these activities. I hereby:

- Certify that the information in this document is true and correct, and agree to disclose any and all factors which would or might prevent or limit my child from full participation in the program;
- Agree to permit Art Gallery of Peterborough program staff to act on my behalf in case of an emergency;
- Confirm that I have read, accept and will abide by the conditions of registration and the policies and procedures of the Art Gallery of Peterborough;
- Agree that my child’s photo or image may be used for promotional purposes by the Art Gallery of Peterborough including on social media outlets; and
- Certify that as an individual parent/guardian signing this agreement, I am acting as an agent of the other parent(s)/guardian(s) and have the authority to execute this agreement on their behalf.

Guardian Signature _____ date _____

Print name _____

The information on this form is being collected under the City’s authority under the Municipal Freedom of Information and Protection or Personal Information Act and will be only retained for one year.

We thank you for assisting us to keep your children safe!

Art Gallery of Peterborough Staff _____ Date received _____