





Children with reported allergies/medication use will wear a specific-coloured wristband to identify allergy/medication type and time of dosage while in our care. An allergy form is completed at the time of sign in to ensure the camp staff have the most current emergency contact information.

\*\*\*\* Medication must not be stored with personal belongings (i.e. backpacks, lunch bags)

Drug	Prescription #	Dose	Time(s)	Signature

**PLEASE NOTE:** The camp staff will monitor but cannot administer medication. We can store the medication in a designated area and remind your child to take it according to written instructions. Staff are not responsible for “missed doses” but will do their best to avoid this situation.

**Medication** (including Epi-pens) must be submitted to our office in its original prescribed bottle with your child’s name on it.

Anaphylaxis management and the use of epinephrine auto-injectors (Epi-pen or Twinject) is a shared responsibility. Practicing emergency drills with your child results in effective emergency response in the case of a reaction.

**Campers must be mindful of their allergies.** Campers should:

1. Carry at least one epinephrine auto-injector (Epi-pen or Twinject) as age appropriate
2. Wear medical identification (Medic Alert bracelet)
3. Inform staff if he/she suspects a reaction is happening
4. Ensure that asthma is well controlled and managed coming into the environment (indoor/outdoor play)

In the case of a camper experiencing a severe, potentially life-threatening allergic reaction, staff will administer the epinephrine auto-injector and call 911. For EMS needs, please complete the following.

Health card # \_\_\_\_\_ Doctor’s Name: \_\_\_\_\_

Doctor’s phone no. \_\_\_\_\_



**Sun Sense:** It is recommended that children arrive at day camp with sunscreen on and have sunscreen labeled with your child's name in their backpacks for additional application. Please show your child how to apply sunscreen to themselves. If your child does not have any sunscreen available, does the centre have the authorization to make some available to them? yes ☐ no ☐

**Attention:** My child has an allergy to sunscreen yes ☐ no ☐

**Behaviour Contract:** BC Agriculture in the Classroom Foundation reserves the right to ask parents to withdraw their child from the Summer Adventure or Specialty Camps if basic behaviour expectations are not met.

Examples:

- Verbal or physical abuse against campers or staff
- Stealing or any other illegal actions
- Behaviour that causes constant distraction for other campers or staff
- Constant disregard towards staff's direction or guidance.

It is understood that participants will be properly supervised and that reasonable safety precautions will be taken.

Upon signing this form, permission is given to BC Agriculture in The Classroom Foundation or its representatives to seek medical care in the case of an emergency for the above registrant. Any cost incurred for medical care will be the responsibility of the parent and/or guardian.

I have read and understand ALL of the information in this day camp package including the Day Camp Guideline sheet, this consent form, information pertaining to the behaviour policy, refunds, credits and absenteeism.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

This information is used for the purpose of program registration only. Additional questions respecting the Summer Adventure Camp and/or Specialty Camps being offered BC Agriculture in The Classroom Foundation can be directed to the Garden Programs Coordinator Mia at [agadventures@aitc.ca](mailto:agadventures@aitc.ca) or 604-854-6064.

Address: 1786 Angus Campbell Road, Abbotsford BC V3G 2E2  
Camp Contacts: 604- 854- 6064 or [agadventures@aitc.ca](mailto:agadventures@aitc.ca)



## **PARENT CONSENT FORM**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### **RELEASE AND INDEMNITY:**

I, the Participant's Parent/Guardian, hereby grant my son/daughter/ward \_\_\_\_\_

Permission to participate in the: \_\_\_\_\_

(BC Agriculture in The Classroom's Camp/Day program)

The Participant and I do hereby release BC Agriculture In The Classroom Foundation (the Corporation) its servants, agents, employees and volunteers from all claims, demands, liabilities, actions or causes of action in any way arising out of the above activity including the Participant's participation in the above activity and use of any associated facilities of the Corporation.

Without restricting the generality of the foregoing, the Participant and I do hereby release and forever discharge the Corporation, its servants, agents, employees and volunteers from all claims, demands, liabilities, actions or causes of action for personal injury, or death or damage to property (whether or not owned by the Participant) which may be sustained during the said Activity(s) and such participation and use, save and except as may arise from acts of negligence by the Corporation, its servants, agents and employees.

The Participants and I further agree to defend, indemnify and save harmless the Corporation, its servants, agents and employees from any and all claims, demands of liabilities which may be made by third parties in any way referable to the said events or such participation or use.

This Release and indemnity shall be binding upon the Participant, me, the Participant's Parent/Guardian and our respective heirs, executors, and administrators and shall ensure to the benefit of the Corporation, its servants, agents and employees and its successors and assigns and their heirs, executors, administrators, and successors, respectively.

\_\_\_\_\_  
Participant's Parent or Guardian (signature)

\_\_\_\_\_  
Name (print)



## **PHOTO RELEASE CONSENT FORM**

I .....

Name of parent/guardian

Consent to the use of photographs or video footage by BC Agriculture in the Classroom Foundation of my child. I understand photos/videos may be used in newspapers, BC Agriculture in the Classroom Foundation website, printed materials or social media.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

.....  
Name of child

.....  
Signature of parent/guardian

Date .....

BC Agriculture in the Classroom Foundation (BCAIRC) is a non-profit foundation working with educators through various programs to bring BC's agriculture to their students. To learn more about BCAIRC, please visit [bcairc.ca](http://bcairc.ca).