

EMERGENCY CONSENT FORM

Glen Morris Site _____

OISE Site _____

Name of Child _____

Date of Birth (m/d/y) _____

Home Address _____

Home Phone _____

Parent/Guardian #1 _____ Home Phone _____

Home Address _____

Work Address _____

Work Phone _____ Cell Phone _____

Email address: _____

Parent/Guardian #2 _____ Home Phone _____

Home Address _____

Work Address _____

Work Phone _____ Cell Phone _____

Email address: _____

Emergency Contact Person: _____

Address _____

Relationship to Child _____ Phone _____

Emergency Contact Person: _____

Address _____

Relationship to Child _____ Phone _____

Child's Doctor _____ Phone _____

Address _____

Allergies/Medications/Health Conditions _____

It is the policy of the ELC to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, we cannot contact parents/guardians and we need to get immediate medical assistance for the child. Our procedure is to take the child to the nearest emergency service.

1. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the ELC immediately. We will take this consent with us to the emergency centre.
2. I hereby give consent for my child _____ when ill or injured to be taken to the nearest emergency centre by the staff as the ELC when I cannot be contacted.
3. I hereby give consent for my child _____ to receive medical treatment.

Signature of Parent/Guardian: _____ Date: _____

Reviewed by Supervisor: _____

Child Ongoing Pick Up Form

I hereby grant permission for the following people to pick up my child _____ at the Early Learning Centre at anytime. Prior notice will be given whenever possible. I also confirm that the following named persons are all at least 16 years of age.

1. Name: _____

Telephone: home _____ work _____

Relationship to my child: _____

2. Name: _____

Telephone: home _____ work _____

Relationship to my child: _____

3. Name: _____

Telephone: home _____ work _____

Relationship to my child: _____

Signature of Parent/Guardian: _____ Date: _____

NOTE: Identification: Person picking up child will be required to show identification if person picking up child is unfamiliar to the staff. Staff may also request that person picking up child show identification confirming proof of age. As per ELC Policy 9.6 Someone Else Picking Up Your Child: No child will be released to a person younger than 16 years of age, with the only exception being if the child's parent or legal guardian is younger than 16 years of age.

Permission to Photograph and Video Tape Children

The ELC is integrated with the cycle of University programs for study, teaching and research. The centre is used as a practical training center for University students and for students in other Universities/Colleges studying Early Childhood Education, Infant Development, Speech & Language Pathology, Psychology, Physical & Occupational Therapy, Medicine, Nursing, etc. To support this training, students and faculty may videotape or take photographs to be used for educational purposes only.

The ELC staff also photograph children so that the photographs can be used or posted in the centre.

The University also recognizes a wide responsibility to educate the community at large on early childhood education and care issues. To meet this responsibility the University will cooperate with the media or community groups. This may mean that photographs or videos of children may be used to help illustrate an event of government initiative related to early childhood education and care, or for external educational purposes. In addition the University will promote the ELC when enrolling students and recruiting new staff and faculty to the University.

I also give consent for the use of my child's photographs on ELC newsletters. NOTE: Newsletters are distributed in hardcopy or .PDF via email to current ELC families and a .PDF copy is posted to the ELC website under the parent password protected area. My initials confirm my consent for this purpose: _____.

I have read and understand the information given above. I hereby give permission for my child _____ to be videotaped and photographed while in attendance at the University of Toronto Early Learning Centre.

Signature of Parent/Guardian: _____ Date: _____