Boys & Girls Clubs
of Central Vancouver Island

RELEASE OF INFORMATION FOR A CHILD WITH A MEDICAL CONDITION

This Form Was Created In Consultation With The Vancouver Island Health Authority

Name of Child:_____**Birthdate:** _____/_____/_____

Name of Parents or Guardian: _____

Doctor's Name and Number: _____ (_____) _____-_____

Name of Medical Condition: _____

How long has your child had this condition? _____

Does your child wear a medical bracelet? _____

Is this condition considered acute or chronic? _____

Please describe how this medical condition normally plays out for your child. _____

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What do you see as the worst case scenario for your child with this medical condition and what risks do you see associated with your child participating in this program?

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Does your child take medication for this condition? _____

If yes, what is it called, how is it administered, what is the dosage, and at what time is it required? Please fill out the attached medication release form if it is required that staff administer this medication.

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Are there any signs, symptoms, or triggers for this condition? Some examples might be sun, exercise, strong smells, allergies, dizziness, vomiting, insect stings or stress. If so, please list what t hose are for your child.

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Who do you wish us to contact in the event that this medical condition plays out and we are not able to reach you by phone?

Name: _____Phone: (_____) _____- _____

Please provide normal protocol and procedure for your child should their medical condition play out. Please specify how you would like us to handle the situation.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Is there anything else that you think we should know about your child's medical condition?

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We at the Boys and Girls Clubs of Central Vancouver Island (BGCCVI) will, to the best of our ability, do the following:

1. Assess the situation and provide First Aid to your child as per your provided protocol and BGCCVI policy.

2. Contact you or those on your emergency contact list immediately when any signs of your child's medical condition are played out.

3. Call Emergency Services for your child should we deem it to be necessary.

The BGCCVI require a photo of your child to attach to their registration form so that they can be easily identified by new or substitute staff.

The BGCCVI may require you to provide a Doctor's note speaking to the medical condition of your child and what medical protocol your Doctor recommends should this medical condition play out while your child is in our care at the Boys and Girls Club.

From time to time, the BGCCVI travels to areas that may be considered remote or in areas where cellular phones are not always reliable. We reserve the right to refuse service to a child with a medical condition that we feel could not safely handle without having Emergency Services attend within 10 minutes. You will be informed in advance of these occasions should they arise.

The staff at the BGCCVI reserve the right to contact Emergency Services for your child at any time in the event that they deem it necessary to ensure your child's safety.

Please sign below, indicating that you understand and agree with the information on this form.

PRINT YOUR NAME _____

YOUR SIGNATURE _____

DATE _____