

## 2024 Permission to sign in/sign out (Walk or ride home) Pick up authorization

**This form is to be completed by Parent/Guardian prior to the start of the Camp**

Child's Name: \_\_\_\_\_ Child's age \_\_\_\_\_

**Permission for Child to Sign In/Sign Out (Walk or Ride Home)**

has permission to

(Please print Child's name) (Sign In, Sign Out, or Both)

**\*Permission to Sign Out of a camp gives the child permission to sign out at the scheduled end time of camp and not at the time of their choosing**

Name of Camp:	Dates Attending:

\*Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Pick Up Authorization**

I hereby declare that the following individuals are authorized to pick up my child from camp:

Name	Phone Number	Relationship	Permission for all of 2024?	Permission for only specific Camps or Dates? (list camps/dates)	Input on Oak Bay client account (office use only)
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>

Comments: (i.e. specific days, descriptions of person, etc.)

\*Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

*The information collected on this form is authorized under Section 26(c) of the Freedom of Information and Protection of Privacy Act, as it relates directly to and is necessary for the safe provision of the District's Children's Licensed care, camps and programs. The information will be stored in a binder/clipboard and securely stored in a District office when not in use. It will be accessible to authorized staff only, including Licensed Care and camps staff, and used for attendance, medical and safety purposes. If you have questions regarding the collection, use and disclosure of personal information, contact the Corporate Services Department at [foi@oakbay.ca](mailto:foi@oakbay.ca) or 250-598-3311.*