

2025 CORPORATION OF THE DISTRICT OF OAK BAY INFORMED CONSENT (Child)

| Dear Parent/Guardian: | |
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| Thank you for choosing the programs of the Corporation of the District of Oak Bay. Wand cooperation in maintaining your child's safety and health by reading and signing to CONSENT. | |
| as parent/guardian of | |
| (Guardian/Parent name) (name of | child) |
| declare that my child has the capacity for participating in activities offered in | me of program) |
| during the week of (month and date) | ne or program) |
| (month and date) | |
| I acknowledge that there are risks inherent in the activities that my child is about to pand locations where the activities take place. | · |
| I understand that part of the risk involved in undertaking the above program is relative health (physical, mental or emotional) and the awareness, care and skill with which heabove program. I acknowledge that my choice to allow my child to participate in the sit the assumption by me of those risks or results stemming from this choice and the fit and skill that my child may possess and use. In addition, I understand that my child is activity during this program and I realize that they should do so upon recognition of a sinability to participate in the activity. | e/she conduct themselves in the above program/camp brings with tness, health, awareness, care free to withdraw from any |
| In addition, I acknowledge that I have inquired about the nature of any activity, progr not be completely familiar with and I have been informed of any inherent risks. | am or service that my child may |
| declare that I have read, understood and agree to the contents of this INFORMED COentirety. | ONSENT AGREEMENT in its |
| Parent/Guardian Witness (Receptionist/Leader) | |
| Date 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 or 250-598-3311.