

# PARTICIPANT INFORMATION FORM



Child's Name: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date (DD/MM/YY): \_\_\_\_\_

Sex: M F Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Day Phone No: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Day Phone No: \_\_\_\_\_

*In case of emergency, parent/guardians will be notified. Please provide alternate emergency contact and phone number:*

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Is there anyone who is NOT legally authorized to pick up your child? Yes No *(If yes, please provide court documents)*

ALLERGIES: Does your child have any allergies? (If yes, please list below) YES  NO

MEDICATION: Does your child require an inhaler or EpiPen? YES  NO

If yes, have you filled out our medication administration form? YES  NO

HEALTH CONCERNS: Does your child have any illnesses, learning disabilities, or any other medical conditions? (If yes, please list below) YES  NO

## MEDICAL STATEMENT

In case of emergency or illness every effort will be made to contact the parents/guardians. In the event that contact cannot be made, I agree that in case of emergency or illness, a qualified medical physician may attend to my child.

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Please check all that apply to your child:

Diaper  (guardian will be notified to come change the child unless authorization for our staff to change your child is given below)

Potty Training  (extra clothes should be packed in case of accident)

Potty Trained  (There have been no accidents in the last 30 days and child can go bathroom by themselves with little to no help)

Other Bathroom Notes: \_\_\_\_\_

## DIAPER CHANGING AUTHORIZATION

I authorize TLC Child Minding Attendants to change my child's diaper. I agree to supply an extra change of clothes, wipes, diapers and any other supplies needed. By giving consent, I release the TransAlta Tri Leisure Center from any and all responsibility or liability concerning this matter.

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

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POLICY AGREEMENT: Please initial each box indicating you have read and understand the policy.

- I agree to not leave the TransAlta Tri Leisure Center (TLC) while the above named child is in the care of TLC's Child Minding.
- I agree to pack nut free snacks for my child while they are in the care of TLC's Child Minding and understand that if nut products are packed the item(s) will be kept sealed and sent back home with the child.
- I understand that if I've authorized TLC staff to change my child's diaper but if there are inadequate supplies (diapers, wipes, creams, change of clothes, etc.) then my child will not be changed and myself as the parent will be called to return to Child Minding to provide further assistance.
- I understand that unless otherwise communicated through this form, TransAlta Tri Leisure Center Child Minding staff will assume the child is able to use the washroom without assistance.
- I understand that if my child is displaying symptoms of illness that poses a health risk to other people on the premise or requires greater care and attention than can be provided without compromising the care of other children, that they will be asked to leave or remain home.

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GUARDIAN SIGNATURE

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DATE