

2024 CORPORATION OF THE DISTRICT OF OAK BAY INFORMED CONSENT (Child)

| Dear Parent/Guardian: | |
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| | ration of the District of Oak Bay. We request your understanding and health by reading and signing the following INFORMED |
| (Guardian/Parent name) | parent/guardian of |
| declare that my child has the capacity for participation during the week of (month and date) | ing in activities offered in |
| acknowledge that there are risks inherent in the acand locations where the activities take place. | ctivities that my child is about to participate in and for the facilities |
| health (physical, mental or emotional) and the awar above program. I acknowledge that my choice to al it the assumption by me of those risks or results ste and skill that my child may possess and use. In addi | caking the above program is relative to my child's state of fitness or reness, care and skill with which he/she conduct themselves in the llow my child to participate in the above program/camp brings with emming from this choice and the fitness, health, awareness, care ition, I understand that my child is free to withdraw from any should do so upon recognition of any signs that may indicate their |
| In addition, I acknowledge that I have inquired abounot be completely familiar with and I have been info | ut the nature of any activity, program or service that my child may ormed of any inherent risks. |
| declare that I have read, understood and agree to entirety. | the contents of this INFORMED CONSENT AGREEMENT in its |
| Parent/Guardian | Witness (Receptionist/Leader) |
| Data | 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.