

WILDNorth

WILDKids Club Forms Fall Drop-in Sessions

October 12 – December 21 2017



WILDLIFE

I NVOLVEMENT

L EADERSHIP

D EFINE YOURSELF!

 KIDS

Please print clearly



Child's Name:

Child's Gender: _____

Child's date of birth (YYYY/MM/DD) and Grade entering in the 2017/2018 School Year:

DOB: _____ / _____ / _____ Grade: _____

Parent/Guardian Full Name:

Parent/Guardian Primary Phone Number: _____ Other number: _____

Emergency Contact Name: _____ Number: _____

Parent/Guardian E-mail:

Parent/Guardian Signature:

Date (YYY/MM/DD): _____ / _____ / _____

Thank you for registering for WILDKids Club!

- Sessions are from 6 pm – 8 pm. We have limited access to the space so please do not drop off your child more than 10 minutes prior to the session. A late pickup fee (\$20/30 minutes) may be charged if your child is not picked up by 8:15 PM.
- Drop-off and pick-up at Ridgewood Community League Hall (3705 Mill Woods Road East NW).
- **To confirm your spot in the WILDKids Club Drop-in, you must register by 4:00 pm the Wednesday prior (i.e. if your child is interested in attending the session on

- November 23rd, you will need to register by 4:00 pm on November 22nd).
- Confirmation of registration (and any relevant information for that Thursday's activities) will be sent to you by 5:00 pm that Wednesday.
 - We will need a minimum of 3 registrants to run the program. If we do not reach that minimum, we will have to cancel that session and you will receive a full refund.

WILDKids Club Forms

Thank you for registering for the WILDNorth WILDKids Club!

Please include proof of valid 2017/2018 membership from an Edmonton Community League. If you do not have a community league, child/family can get a membership from the Ridgewood Community League.

Information about medical, behavioral and social concerns is collected only to ensure that the camp participant is receiving the support that they need for a successful camp experience.

Please complete the attached forms and give them to the Club Instructor when you drop your child off.

If you have any questions about the information being gathered, please contact
Carly Stenhouse, WILDEd Manager:

phone: 780-756-7855
email: education@wildnorth.ca

Tips for a successful club experience:

- Label all the items brought to the club with the club participant's name.
- Send a water bottle with your child
- Send your child with indoor shoes
- Be sure to check your e-mail the Wednesday before camp in order to find out any relevant info about the activities planned for the Thursday (i.e. if we will be going outside)
- Please share any behavioural, medical, social, and dietary concerns that the club participant may have with the club leaders to assist with creating a successful club experience.

Medication Delivery Procedure:

The following outlines the medication delivery procedure that will be followed for children requiring any type of medication while at the club. **Please fill out the medical assessment and medical information sections of the registration package completely.**

1. Medication must come to the club in a separate and sealed bag each day containing only one dosage per bag. If the medication is liquid, it must come to the club **pre-measured** in a sealed and labelled bottle daily containing only one dosage per bottle. All bottles must be received in a Ziploc bag.
2. The sealed bag should have the following information:
 - a. The child's first and last name
 - b. The date the medication is to be administered
 - c. The time the medication is to be administered
 - d. The name and dosage of the medication to be administered
3. The Club Instructor will hand the bag/ bottle to the club participant and will witness the club participant taking the medication. The bag/ bottle will be sent home at the end of the day.
4. The Club Instructor will document all the information on the bag/ bottle in medical delivery record sheet. The information will be recorded in pen on sequential lines.
5. The Club Instructor will keep and follow the schedule for when the club participant is to receive the medication.

All medications, whether injectable, pill, or liquid form, must come to the club in single dosages as our Club Instructor cannot measure medications.

Epi-pens:

If your child has an Epi-Pen, they are required to carry it on their person at all times (i.e., in a fannypack).
Please fill out the Epi-Pen Administration Waiver if an Epi-Pen is needed.

If an allergic reaction occurs, Club Instructor will:

- Listen to the club participant about their signs and symptoms.
- If the reaction increases, **assist** the club participant in administering "Epi-Pen" in the thigh or upper arm, through the clothing if necessary.
- First **assist** administration of the "Epi-Pen". Second, club leaders will telephone 911 for medical help immediately.

Please initial or sign next to each star on each page.

EMERGENCY CONTACT

Name of Club Participant (please print)	Date
Club Participant's Preferred Name (the name that Club Instructor and new friends should call them)	

Emergency Contact Information

Name		Relationship
Home Phone	Cell Phone	Work Phone

Alternate Emergency Contacts:

Name		Relationship
Home Phone	Cell Phone	Work Phone

Name		Relationship
Home Phone	Cell Phone	Work Phone

Pick- Up Authorization: (only those listed here will be able to sign the participant out of club at the end of the day)

Name	Relationship	Phone
Name	Relationship	Phone



Initials:

MEDICAL, BEHAVIOURAL, SOCIAL and DIETARY INFORMATION

Information is collected only to ensure that all club participants are receiving the support that they need to make their club experience successful. We can be flexible based on your child's needs!

Club participant does not have any medical, behavioural, social or dietary concerns

Club participant does not have any medical, behavioural, social or dietary concerns that **I wish to disclose**.

Does your child have an allergy or aversion to dogs? **Yes** **No**

If you said yes, please indicate if there is any way we can mitigate this (you provide antihistamines, no petting, keeping distance, etc.) OR if you do not want a dog present.

Other Medical/Behavioural/Social/Dietary Concerns (allergies stings, dietary restrictions, social anxiety etc.)

a) Does the club participant take medication? Yes No

b) Will they be taking medication at club? Yes No

Medication Information:

Parent/ Guardian Name:	
Medication:	Time(s) medication is to be taken: Is medication to be taken with food? <input type="checkbox"/> Yes <input type="checkbox"/> No
Side effects of medication, etc	

If the camp participant requires an Epi-Pen, please complete the Epi-Pen Administration Waiver Form.



Initials:

DAILY MEDICATION INFORMATION FORM

Medical concern:

Medication	Dosage	Frequency
Medication	Dosage	Frequency
Medication	Dosage	Frequency

Additional Information:

For Club Instructor to fill out:

Please indicate the time the participant took medication and initial:

Days		Monday	Tuesday	Wednesday	Thursday	Friday
AM	Time					
PM	Time					

Club participant does not take medication.



Initials:

EPI-PEN ADMINISTRATION WAIVER

I, the undersigned, parent/guardian of _____(club participant), allow the Wildlife Rehabilitation Society of Edmonton (WILDNorth) Club Instructor to administer epinephrine to _____(club participant), in the event that it is required.

I release and hold harmless the Wildlife Rehabilitation Society of Edmonton (WILDNorth), and its employees and volunteers with respect to any actions, liabilities, costs, damages or injuries which may occur by virtue of their having administered epinephrine as required by the attached Allergy Information Form.

I understand that I, _____the parent/guardian of _____(club participant), am responsible to ensure that:

_____ I have completed the Allergy Information Form fully and completely.

_____ I will take the time to **explain** the Allergy Information Form to the camp leader responsible for the club participant, upon drop-off on the **first day** of the club.

_____ I will review how to administer an Epi-Pen with the club leader responsible for the club participant upon drop-off on the first day of the club.

_____ The club participant will be carrying a non-expired Epi-Pen on their person at all times while in the Wildlife Rehabilitation Society of Edmonton (WILDNorth) program ("club").

Club participant does not require an epi-pen



Initials:

ALLERGIES INFORMATION FORM

Allergies and known reaction causing agents (food, animals, etc.):
Symptoms of allergic reaction in the club participant :
Location of Epi-Pen, Medical Supplies, or Antihistamines while at camp:
Which method of contact will cause a serious reaction in the camp participant? <input type="checkbox"/> Inhalation (breathing in) <input type="checkbox"/> Ingestion (eating or drinking) <input type="checkbox"/> Physical contact (touching) <input type="checkbox"/> Other (please be specific)
Are there other important ways to help prevent the club participant from having a reaction:

Club participant does not have allergies



Initials:

BEHAVIOURAL AND SOCIAL INFORMATION:

- a) What activities does the club participant enjoy?

- b) Please describe any unique traits (ie hiding, running away, hyperactivity, attention seeking, etc) that the Club Instructors might experience with the club participant.

- c) Are there any triggers that might increase the likelihood of the club participant showing these behaviors?

- d) What strategies can you recommend, from home or school, that might help us deal with difficult behavior?

- e) Is the club participant learning English as a second language?

- f) How does the club participant interact with other children? With adults?

- g) How does your child communicate their needs (ie. bathroom needs, hunger, thirst)?



Initials:

PHOTOGRAPHS

Your child's photograph or video may be taken during club activities and used by the Wildlife Rehabilitation Society of Edmonton (WILDNorth) with or without their name in WILDNorth publications and/or on WILDNorth social media (Facebook, Instagram, Twitter, Website) for public information and promotion of WILDNorth and its services. By signing below, you consent to allow your child's picture, image or likeness to be used by WILDNorth.

PARENT SIGNATURE

CHILD'S NAME

DATE

I **do not** give consent for my child's picture, image, video or likeness to be used by WILDNorth

I, as parent/guardian of the above-named child, verify that this information on all pages that I have initialed or signed, is true and correct to the best of my knowledge. I understand that the information provided to the Wildlife Rehabilitation Society of Edmonton (WILDNorth) will be used only to enhance the club experience.

I hereby give my approval for my child's participation in any and all activities prepared by during the WILDKids Club. In exchange for the acceptance of said child's candidacy by The Wildlife Rehabilitation Society of Edmonton (WILDNorth) WILDKids Club, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless The Wildlife Rehabilitation Society of Edmonton (WILDNorth) and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from the WILDKids Club.



Name of Parent/ Guardian (please print)	Signature:	Initials:	Date: