

City of Langley Recreation, Culture and Community Services  
**YOUTH FIELD TRIP CONSENT AND MEDICAL INFORMATION FORM**

**Field Trip:**

Destination/Activity: Exit Escape Room, Langley

Date: Friday, November 24, 2017

Cost: \$25                      Ages: 12-17yrs

Transportation Type:    Walking

Departure Time:            4:00 pm                      Departure Location: Timms Community Centre

Return Time:                6:00 pm                      Return Location: Timms Community Centre

The following information may assist an instructor in case of an accident, please be as specific as possible. The completed form must be submitted to the instructor on the first day of the program. We reserve the right to limit or restrict participation on the basis of information that is disclosed on the following form.

**Participant Information:**

Participant's Last Name: \_\_\_\_\_ First Names: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

**Medical:**

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Care Card # \_\_\_\_\_

**Emergency Contact (if above parent/guardian(s) unavailable):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Consent:**

I hereby give my consent for the above named child to participate in the fieldtrip mentioned above, sponsored by the City of Langley. I understand participants will be under the care and supervision of the staff members at all times. I further give consent for staff of the City of Langley to decide, on my behalf, if I, or our emergency contact, cannot be reached, to permit emergency transportation and/or medical treatment or surgery for the above child in the case of an accident or illness, if deemed necessary by a medical health professional. I have fully read and understand the preceding information and to the best of my knowledge consider it to be true and accurate.

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

**Parent/Guardian Name (PRINT PLEASE):** \_\_\_\_\_

**Photo Consent (Optional):**

I hereby give permission for photographic and/or visual images of my child to be taken during activities with the City of Langley for use in City of Langley publications, on the web site or for promotional purposes without acknowledgment and without being entitled to any remuneration or compensation

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

**Parent/Guardian Name (PRINT PLEASE):** \_\_\_\_\_