

DR. ANGELA FOUNTAIN, C. Psych. & Associates

1037 Howden Rd. E., Oshawa, Ontario L1H 7K4

Tel: (905) 655-5813

www.drountain.ca

Children's Emergency and Medical Information

Child's Name: _____ Sex: Male _____ Female _____

Last

First

MI

Address: _____

Street

City

Province

Postal code

Phone (h): _____ Child's Date of Birth / /

1. Parent/Guardian Name: _____

Last

First

MI

E-Mail _____

Address: _____

Street (if different from child's)

City

Province

Postal code

Phone (h) _____

(w) _____

(c) _____

2. Parent/Guardian Name: _____

Last

First

MI

E-Mail _____

Address: _____

Street (if different from child's)

City

Province

Postal code

Phone (h) _____

(w) _____

(c) _____

Parents/Guardians Place of Employment: father _____

mother _____

**Mandatory 2 Emergency Contacts other than parents

Emergency Contact #1 _____ Relationship to Child _____

Address _____

Phone (H) _____ (W) _____

Emergency Contact #2 _____ Relationship to Child _____

Address _____

Phone (H) _____ (W) _____

Child's Physician (name & phone)_____

OHIP #:_____

Please Check Yes or No

___ Yes ___ No Is your child under physician's care or taking medications on a continuing basis? If yes,
please explain what for. _____

___ Yes ___ No Does your child have any allergies? If yes, please specify
allergies._____

What should be done if your child comes into contact with an
allergen?_____

___ Yes ___ No Does your child have any chronic problems, special needs, or other conditions we should
know about that you have not already discussed on intake? If yes, please explain

___ Yes ___ No Does your child take medications? If yes, please list. If during camp, you must fill out
proper medical authorization forms

___ Yes ___ No I give permission for pictures & videos of my child to be used in promotional advertising for
programs run at Dr. Angela Fountain & Associates

How did you hear about the Summer Youth & Kids Club? (circle one)

Dr Fountain's office

School

Resources for Exceptional Children

Other Doctor:_____

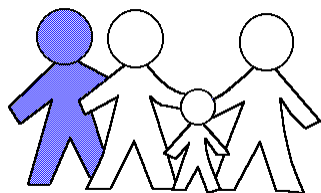
Other:_____

I hereby authorize Dr. Angela Fountain & Associates to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize Dr. Angela Fountain & Associates to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child. I have read Dr Fountain's Clubhouse procedure/policies form for the program and agree to adhere to them, including the policy if my child becomes ill, I must pick up my child immediately. I certify that the above information is complete and correct.

I also understand that if I have not registered my child for extra support or for a one to one worker but they end up utilizing either for 2 days within a cycle, I will be charged \$30/day or \$72/day, respectively for the utilized support on these days as well as any remaining days left in their registration for the summer.

Parent/Guardian's Signature

Date



DR. ANGELA FOUNTAIN, C. Psych. & Associates

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Participants under 18 years old

Acknowledgement of Risk, Release of Liability and Indemnity Agreement

Participant Child's Name: _____ Date of Birth: _____

Parent/Legal Guardian: _____ Date of Birth: _____

Address: _____ City: _____ Prov: _____ Postal: _____

Dr. Angela Fountain and Associates, including their directors, employees, officers, volunteers, business operators, and site property owners will be referred to as the "Host".

- ____ 1. I am the parent and/or Legal Guardian of the child participant named above and am executing this form on the behalf of the child participant in my capacity as their parent/ legal guardian and with the intent that this form be binding on myself and my child participant for all legal purposes.
- ____ 2. I understand there are inherent DANGERS, HAZARDS and RISKS (collectively called "**RISK**") associated with Equine Activities and injuries resulting from these "**RISK**" are a common occurrence.
- ____ 3. I acknowledge that the inherent "**RISK**" of equine activities mean those DANGEROUS conditions which are an integral part of all Equine Activities, including but not limited to:
- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them or to potentially, collide with, bite, or kick other animals, people, or objects.
 - The unpredictability of an equine reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons, or other animals, and hazards, such as, subsurface objects.
 - The potential for other participant(s) to act in a negligent manner that might contribute to injury of themselves or others such as failing to act within their ability or to maintain control over an equine.
- ____ 4. **I Freely Accept and Fully Assume All Responsibility** for the inherent "**RISK**" and the possibility of personal injury, death, property damage or loss which might result from the child being a Participant.
- ____ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the child participant and for the child to participate within his/her own limits.
- ____ 6. **In addition to consideration given to the child to Participate in the Equine Activity, I and my heirs, executors, administrators, and assigns (collectively called my "legal representatives") agree**
- **To Waive all Claims that I or the child Participant might have against the "Host", and**
 - **To Release the "Host" from Any and All Liability** for any loss, damage, injury or expense that I, the child Participant or our "Legal Representatives" might suffer as a result of the child's Participation due to any cause whatsoever **including ANY NEGLIGENCE ON THE PART OF THE "HOST"** and
 - **To HOLD HARMLESS AND INDEMNIFY THE "HOST"** for any and all liability for property damage or personal injury to the child Participant or any third party which might result from the child's Participation.

Before signing this form, I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the child participant and/or our "Legal Representative" might have against the "Host".

Signed this _____ day of _____ 20____

(Printed Name of HOST witnessing to signing)

(Signature of Participant)

(Signature of HOST Witness)

(Signature of Parent/Guardian)