**City Hall Child Care Society**

**Consent Form**

(Consent is relevant for the duration of your child’s enrollment)

**PHOTO / VIDEO Sharing via LILLIO**

* I hereby give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed or filmed

for the purpose of monthly documentation and photo sharing with CHCCS families . The collection of photos and videos will be shared with CHCCS families each month via Hi Mama and may include images of my child. I understand that I am not permitted to share these photos and videos or post the monthly documentation on social media.

PARENT’S/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note - consent is relevant for the duration of your Child’s enrollment)

**Use of All Play Equipment etc**

* I hereby give my consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to use all play equipment and participate in all activities of the centre including supervised walking outings during the course of the program.

PARENT’S/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note - consent is relevant for the duration of your Child’s enrollment)

**Photographs, Filming or Videotaping**

* I hereby give my permission for my child to be photographed, filmed or videotaped for use within the Daycare or by Students of Community Colleges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Note – photos are often taken for classroom use and/or home use by families of children enrolled in the program. If you have concerns with your child appearing in such photos, please discuss with a STAFF of the Program in which your child attends.

PARENT’S/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note - consent is relevant for the duration of your Child’s enrollment)

**Release of Information**

* Permission is granted to the Centre Staff to acquire from, and submit to appropriate professional people and agencies, information relevant to the health and education of my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note - consent is relevant for the duration of your Child’s enrollment)

**Sunscreen Application**

* I give my permission to the Centre Staff to apply sunscreen to my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before going outside in the afternoon, it is understood that I will have applied Sunscreen before leaving my child at Daycare in the morning. I will notify the staff immediately if my child develops any allergies or skin sensitivities to the sunscreen applied.

PARENT’S/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note - consent is relevant for the duration of your Child’s enrollment)

**Lotion or Diaper Creams**

* I give my permission to the Centre Staff to apply non medicated lotion/cream to my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When necessary as per direction by me. It is understood that all antibiotic or medicated ointment will require a Physicians note before application by Centre Staff.

PARENT’S/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note - consent is relevant for the duration of your Child’s enrollment)

**Access of Medical Attention**

* I give my permission for the Centre Staff to immediately access medical attention for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_if, in their opinion, it is deemed necessary. This may include ambulance service and care at an emergency ward and/or clinic. The Centre Staff will proceed with medical attention on the advice of the attending physician until the parent is contacted.

PARENT’S/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note - consent is relevant for the duration of your Child’s enrollment)

City Hall Child Care Society

2685 Cambie Street / Vancouver, B.C. Canada V5Z 4K2 / Office 604-876-8918 / Program Staff 604 876-8760

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