



admin@erca.org
 P.519.776.5209
 F.519.776.8688
 360 Fairview Avenue West
 Suite 311, Essex, ON N8M 1Y6

Parental Consent and Medical Release Form Teen Ranger Program

Please complete and return this form to the Essex region Conservation Authority by email (education@erca.org), fax (519-776-8688), or by mail:

360 Fairview Avenue West, Suite 311
 Essex, Ontario, Canada,
 N8M 1Y6

Youth's Name: _____ T-Shirt Size (adult sizes): _____

Address: _____

Will your child be taking the bus from Devonshire Mall? (please check one) Yes No
The bus will leave at 8:00 am sharp. Please arrive early. The bus returns for 4:00 pm.

During Teen Ranger Program your child/children will be involved in a number of activities in local conservation areas.

Schedule:

Date	Location	Possible Program Descriptions
Tuesday, August 1	Holiday Beach Conservation Area	Learn orienteering and other wilderness survival skills (such as knots tying, shelter building, etc.),
Tuesday, August 8	Hillman Marsh Conservation Area	Monitor water quality by identifying Benthic Macroinvertebrates and other native species, build and install wildlife habitat

Tuesday, August 15	John R. Park Homestead Conservation Area	Become a pioneer for the day, help care for the Homestead and learn pioneer skills such as blacksmithing and weaving.
Tuesday, August 22	Cedar Creek Conservation Area	ORCKA certified instructors and NLS Lifeguards teach introductory canoeing skills, learn about watersheds and wetlands while paddling through Cedar Creek

I hereby grant my son(s)/daughter(s)/ward(s) permission to participate in all organized activities for the duration of the Teen Ranger program:

Parent/Guardian Signature Please Print Name Date

If you do not wish your child/children to participate in any particular activity, please identify in writing or telephone the program instructor (contact details attached).

Emergency Medical Information and Consent

Please complete the following. All information collected is kept confidential.

OHIP Number _____

Physician's Name : _____ Phone: _____

Food Allergies (if none please mark "None"): _____

Drug Allergies (if none, please mark "None"): _____



Date of most recent tetanus booster (optional): _____

Our child will be taking the following medications/vitamins/health supplements during the Teen Ranger program:

(If not applicable, state "none")

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

My child has permission to self-administer the medications listed above: _____

Parent/Guardian signature

Please note that ERCA Staff cannot administer medications.

Is there anything else ERCA's Teen Ranger staff should be aware of?

Parent/Guardian Preferred Phone Number: _____

Parent/Guardian Secondary Phone Number: _____

Alternate Contact Information:

Name: _____ Phone: _____



In a medical emergency concerning my child, we understand that every effort will be made to reach us for instruction. If, in the judgment of a medical professional, delay in reaching us might jeopardize the child's wellbeing, we hereby authorize the adult chaperones to **(1)** release a copy of this health record to a medical doctor in case of emergency and **(2)** secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery.

We further hereby authorize any legally qualified physician/surgeon/hospitals to perform and or furnish emergency medical treatment, surgery, medicine, equipment and services as, in their opinion, may be required.

We hereby release the Essex Region Conservation Authority and its staff from any and all liabilities of any kind and nature arising out of or in connection with the placing of our child in the care of said physician/surgeon/hospital, and we hereby agree to pay the reasonable costs of such treatment, surgery, medicine, equipment and services so provided that may not be covered by insurance.

The medical information we have provided above is true and complete to the best of our knowledge.

Parent/Guardian Signature

Please Print Name

Date



Essex Region Conservation Authority Photo / Video Model Consent Form

I CONSENT to the use of me or my child's image for the purpose of promoting Essex Region Conservation Authority or Essex Region Conservation Foundation. This includes a photograph, digital image or video image. Images may be used on-line, in leaflets, brochures, flyers, posters, advertisements, e-newsletters and any other promotional material.

I agree that the photograph or digital image or video image is and shall continue to be the property of Essex Region Conservation Authority.

I understand and agree that I will not be compensated in any way for the use of my likeness by Essex Region Conservation Authority or Essex Region Conservation Foundation. I also understand I am free from any responsibility for expenses incurred in the reproduction of images of my likeness by Essex Region Conservation Authority or Essex Region Conservation Foundation.

If the person who is being photographed is under age 18, his/her parent or guardian must sign below instead.

Please note this form is optional.

Participant Name: _____

Signature of Parent/Guardian: _____ **Print Name:** _____

Date: _____

Description of Photo: All Teen Ranger Program Activities

If you have any questions about these forms, please do not hesitate to contact us.

Jessica Rose
Environmental Educator
Essex Region Conservation Authority
519-776-5209 ext 308
jrose@erca.org

