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INFORMED LETTER OF CONSENT FOR OFF-SITE U.S. ACTIVITIES

[STORE FORMS PERMANENTLY IN A LOCKED CABINET]

Student's Name:		Satellite:		
Activities Taking Place: _				
Date of Activity:	Time:	Location:		
Address:				
Home Phone:	Cell Phone:		_ Bus. Phone:	
Parent Email:				
Alt. Emergency Contact	Name and Phone #:			
Health Card #:	Age:	Date of Birt	h:	
Any Drug Allergies?	YES NO	If yes, describe:		
Any food allergies?	YES NO If yes,	describe:		
Is your child bringing any	medication with him/her?	YES	NO	
If yes, please list:				
Does your child have any aware of? YES NO	y physical, emotional, mer)	ntal, or behavioural conc	erns or limitations th	at staff should be
If yes, please explain:				
I,	as Paren	t/Guardian of		understand
that my son/daughter wil	be leaving the country fro		(C	late) to attend
emergency, give permiss	_(event name) and I will er e administration of any firstion to the Physician select	st aid treatment necessa ted by those responsible	ry on the trip, and in to hospitalize and	the case of medical secure proper
guardians before such a	named participant. I under ction. The undersigned he	ereby releases and forev	er discharges Youth	Unlimited YFC
	nd its servants, agents, and er existing as of the date o	• •		

A policy is in effect that communication is to be used solely for the dissemination of information. I/We agree to permit Youth Unlimited YFC Southwestern Ontario staff or volunteers to communicate with the participant via

While every precaution is taken for safety and good health, some activities including transportation carry with them the inherent risk of personal injury. Your permission is required to provide this transportation. Please carefully read the following information and consent form. If you are in agreement, please sign this and return it.

Youth Unlimited YFC Southwestern Ontario is collecting and retaining this personal information for the purpose of enrolling your child in this activity. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Youth Unlimited YFC Southwestern Ontario to limit the information collected, or to view your child's information, please contact us.

Permission:

Dear Parent:

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by an authorized driver of Youth Unlimited YFC Southwestern Ontario to an event at the specified location on the date indicated. I understand that my child is expected to follow all the applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in Youth Unlimited YFC Southwestern Ontario activities.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and accompanied by a second adult. If multiple vehicles are travelling to an event and are travelling together in a convoy, it is possible to have one adult driver with multiple youth in each vehicle.
- (2) They are to wear their safety-belt while traveling;

(3) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip; (4) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and (5) They are to remain in their seats and not be disruptive to the driver of the vehicles. I recognized that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. ☐ I have read, understood, and agree with the above. Parent/Guardian Signature: Printed Name: Date: ACCEPTABLE TECHNOLOGY USE AGREEMENT Children and young people will be required to agree to the following expectations for responsible Internet/Data/Technology/Wifi Use: 1. When using a network or similar I will only use my own login and password which will be kept secret. 2. I understand that I must not bring software into the organization without permission. 3. I am responsible for email that I send and for contacts made. I will only send messages which are polite, sensible and free from unsuitable language. 4. I will ensure that they are carefully written. I will not send any attachments which are hurtful, abusive or offensive. 5. If I receive anything, see anything or come across a website which may be unsuitable or makes me feel uncomfortable I will immediately tell a program leader. 6. I understand that illegal activity, violation of copyrights and obscene or sexually explicit material are prohibited. 7. I understand that I must never give my home address, phone number, send photos, give out personal information, or arrange to meet someone who contacts me over the Internet. 8. I understand that if I deliberately break these rules, I will not be allowed to use the Internet and/or email and that my parent/guardians will be informed. I understand and will abide by this Acceptable Internet and Wifi Use Policy. I further understand that any violation of the regulations above may cause my access privileges to be revoked and may result in appropriate legal action against me. Parent/Guardian Signature: Printed Name: _____ Date: ____

PHOTO AND MEDIA AUTHORIZATION

We would like to share with our community the many positive things taking place in our events and programs. However, we want to strike the right balance between getting our message out and respecting the wishes of parents/guardians who do not want their children photographed, videotaped or their child's name, stories or photo displayed in our newsletters, social media post and websites.

A policy is in effect to protect personal information; images count as personal data under the PIPEDA (Personal Information Protection and Electronic Documents Act). The policy applies to all images and audio content be it still photographs, films or audio clips.

Publications and Media Coverage:				
	I consent to my child being photographed, videotaped or interviewed and their name and image used in publications and/or media coverage for Youth Unlimited YFC Southwestern Ontario related events.			
	I do NOT consent to my child being photographed, videotaped, or interviewed for media purposes.			
Website/Social Media				
	I consent to my child's information being used on Youth Unlimited YFC Southwestern websites or social media pages (We will not publish names of minors.)			
	I do NOT consent to my child's photo/image/video image being used on Youth Unlimited YFC Southwestern Ontario websites or social media pages.			
I acknowledge that I have read and understand the foregoing prior to signing this Photo and Media Authorization.				
Parent/Guardian Signature:				
Printed	Name: Date:			
Internal use only. To be completed by the Program Leader:				
I have reviewed this form and ensured that all necessary fields were completed.				
Program Leader Signature: Date:				
Program Leader Printed Name:				

** Participants under 18 years of age require the signature of Parent

Youth Unlimited YFC Southwestern Ontario is a division of Southwestern Ontario Youth for Christ