



# Child/Youth Participation Request Form For "Child Friendly Programs"

(Staff permission and advanced noticed required.)

Program Name: \_\_\_\_\_ Program Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(One form required for each "child/youth friendly" program.) Month/Day/Year

Name of Parent Accompanying Child/Youth to Identified Program: \_\_\_\_\_

**\*\* The fields marked with asterisks are mandatory\*\***

Child/Youth Information		
*Last Name	*First Name	Preferred Name
*Date of Birth (Month / Day / Year ):	*Province:	*Postal Code:
*AB Health Care #:	*Parent's Cell Phone:	
<b>*Emergency Contact (Person who is not participating in the program that day.)</b>		
*Name	*Phone Number	*Relationship

\*1. Does your child/youth have any allergies?

No  Yes Describe: \_\_\_\_\_

2. Does your child/youth have any medications that we need to be aware of, (i.e.: epi-pen, inhaler)?

No  Yes Describe: \_\_\_\_\_

3. Does your child have any fears or behavioural issues we need to be aware of?

No  Yes Describe: \_\_\_\_\_

**Please note: parents/guardians are responsible for their child/youth while participating in any Wellspring Calgary programs or events. We want to provide a safe and welcoming environment for all and we appreciate your cooperation in respecting everyone's experience.**

**Please be sure you have reviewed the guidelines for the program identified above.**

**While there may not be age restriction for our child/youth friendly programing, participation must be approved by a Wellspring Calgary staff member. We require this form to be handed in 7 days prior to the program and a phone call/e-mail will confirm your child's participation prior to the event.**

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

Staff Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_