BRAMPTON Flower City
brampton.ca

PERSONAL INFORMATION RECORD

PROGRAM NAME	COURSE CODE	START DATE

A. PARTICIPANT INFORMATION

NAME	DATE OF BIRTH	ATTACH PHOTO HERE *(as required)*
PHONE #		
GUARDIAN'S NAME		
GUARDIAN'S PHONE #		

B. EMERGENCY CONTACT INFORMATION

NAME	PHONE #
RELATIONSHIP	**DO THEY HAVE PERMISSION TO PICK-UP?** ☐ YES ☐ NO

C. MEDICATION INFORMATION

ALLERGIES & MEDICAL CONDITION(S)

BEHAVIOUR CONCERNS

1. DOES YOUR CHILD/DEPENDENT REQUIRE AN AUTO-INJECTOR? ☐ YES ☐ NO *IF "YES", HOW MANY WILL BE AVAILABLE AT THE PROGRAM?* ☐ 1 ☐ 2

2. DOES YOUR CHILD/DEPENDENT REQUIRE AN ASTHMA INHALER? ☐ YES ☐ NO *IF "YES", HOW MANY WILL BE AVAILABLE AT THE PROGRAM?* ☐ 1 ☐ 2

3. DOES YOUR CHILD/DEPENDENT REQUIRE MEDICATION TO BE ADMINISTERED BY STAFF? ☐ YES ☐ NO *IF "YES", COMPLETE THE "MEDICAL ADMINISTRATION FORM".*

UNDER WHAT CIRCUMSTANCES WILL EMERGENCY MEDICATION BE ADMINISTERED?

D. DESIGNATED PICK-UP PERSON INFORMATION

	NAME	PHONE #
1.		
2.		
3.		

E. SUPPORT WORKER INFORMATION *(please complete the following where applicable)*

WILL THE PARTICIPANT BE ATTENDING WITH THEIR OWN SUPPORT WORKER? ☐ YES ☐ NO *IF "YES", COMPLETE THE CHART BELOW.*

	SUPPORT WORKER LAST NAME	SUPPORT WORKER FIRST NAME	PHONE #	FILE # FOR VSC STAFF USE ONLY
1.				
2.				

WILL THE SUPPORT WORKER BE EMPLOYED BY A THIRD PARTY AGENCY? ☐ YES ☐ NO

IF "YES", PROVIDE THE NAME AND CONTACT INFORMATION OF THE AGENCY	HOW MANY YEARS HAS THIS SUPPORT WORKER / AGENCY BEEN SUPPORTING THE PARTICIPANT?
IF "NO", EXPLAIN	

Please note: *Anyone attending as a support worker (including family member / friend), will be required to have a Vulnerable Sector Police Record Check to be presented to City of Brampton staff, if requested. Support Workers must be at least 16 years of age at time of program.*

I, the undersigned, hereby:

- Certify that the information recorded above is accurate and complete.
- Authorize City of Brampton staff to administer the above mentioned medication(s) to my child/dependent applicable to the timeframes and dosages identified.
- Acknowledge that any support workers I provide to assist the participant must be a minimum of 16 years of age and have a current and satisfactory Vulnerable Sector Police Record Check, to be presented to City of Brampton staff if requested.

Parent / Guardian Signature *Date*

The personal information on this form is collected under authority of the Municipal Act SO 2001, c. 25. The information will be used to communicate with you regarding program administration and incidents requiring medical assistance. Questions about the collection of personal information should be directed to the Recreation Supervisor, Administrative Services; Community Services; Recreation; 2 Wellington St W; Brampton; ON; L6Y 4R2; 905.874.2705. Please review the City's Privacy Statement for more information.

BRAMPTON Flower City
brampton.ca

MEDICATION ADMINISTRATION FORM

A. ADMINISTRATION INFORMATION

PROGRAM NAME	LOCATION
PARTICIPANT'S NAME	WEEK OF

NAME OF MEDICATION(S)	TIME MEDICATION IS TO BE ADMINISTERED	AMOUNT/DOSAGE TO BE ADMINISTERED

MEDICATION NAME

MONDAY	TIME				
	DOSAGE				
	ADMIN. BY				
	WITNESS BY				
TUESDAY	TIME				
	DOSAGE				
	ADMIN. BY				
	WITNESS BY				
WEDNESDAY	TIME				
	DOSAGE				
	ADMIN. BY				
	WITNESS BY				
THURSDAY	TIME				
	DOSAGE				
	ADMIN. BY				
	WITNESS BY				
FRIDAY	TIME				
	DOSAGE				
	ADMIN. BY				
	WITNESS BY				

The personal information on this form is collected under authority of the Municipal Act SO 2001, c. 25. The information will be used to communicate with you regarding program administration and incidents requiring medical assistance. Questions about the collection of personal information should be directed to the Recreation Supervisor, Administrative Services; Community Services; Recreation; 2 Wellington St W; Brampton; ON; L6Y 4R2; 905.874.2705. Please review the City's Privacy Statement for more information.