



First Aid & Medical Emergency Care Consent

Child's Name: _____

Date of Birth: _____ AHS # _____

I authorize Colts and facility staff who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility, and to secure necessary medical treatment for my child.

Child's Physician's Name: _____

Address: _____ Telephone: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (in order to be contacted)

Parent or Guardian: _____ Phone (h) _____

(First to be contacted in case of an emergency) Phone (w) _____

Parent or Guardian: _____ Phone (h) _____

(Second to be contacted in case of an emergency) Phone (w) _____

Other contacts, in order:

Name: _____ Address: _____

Relationship to Child: _____ Telephone: _____

Do you give permission for child to be released to this person? Yes ___ No ___

Name: _____ Address: _____

Relationship to Child: _____ Telephone: _____

Do you give permission for child to be released to this person? Yes ___ No ___



2019 COLTS PHOTOGRAPHIC RELEASE FORM

Player's First Name (print): _____ Last Name : _____

South Calgary Colts has a parent volunteer who has offered to be an administrator for a new Facebook page.

By joining the Colts, you understand that your child's image will be utilized for the South Calgary Colts website and Facebook pages.

I, _____, (parent's name) do hereby grant permission to South Calgary Colts to take and use photos of my child, _____, (player's name) and family during any and all 2018 Colts activities. Any and all photos of my child and family may be used for appropriate purposes, including, but not limited to: still photography, videotape, electronic, and print media, including websites. I give this consent with no claim for payment or copyright.

I agree that South Calgary Colts may use such photographs of my child and my family with or without our names.

I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform the South Calgary Colts in writing.

I have read and understand the above.

Date: _____

Parent's Name (printed): _____

Parent's Signature: _____