



Brock Community Health Centre Activity Permission Form

After School Cooking Program  
Location of program:

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: DD/MM/YYYY \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Telephone Number Youth: \_\_\_\_\_  
Parent / Guardian Contact Name: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Other Telephone (business/cell): \_\_\_\_\_  
Health Card Number (optional): \_\_\_\_\_  
Doctors Name: \_\_\_\_\_ Doctors Phone Number: \_\_\_\_\_  
Emergency Contact Number (friend, relative, neighbour): \_\_\_\_\_  
Are there any allergies, medical concerns or special food requirements of which we should be made aware? \_\_\_\_\_

Although we will not use nuts in our recipes, some ingredients that we use are produced in factories that handle nuts. The Brock CHC Youth Program will make every effort to maintain a nut free program

I give my child \_\_\_\_\_ (name of child) permission to participate in the supervised activities run by the Brock Community Health Centre located at the \_\_\_\_\_ in \_\_\_\_\_ . The program will be supervised by the Youth and Community Health worker and may include assistance from youth volunteers or community members who are required to have their criminal reference check and venerable sector check complete prior to assisting with programs.

Our Commitment to your Privacy

The Brock Community Health Centre is committed to protecting your personal information by following responsible information handling practices in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of your kids in our care, for statistical purposes, to inform you about our programs and upcoming events, to keep positive lines of communication open with the parent/ guardian, schools and emergency services and to satisfy government regulatory obligations. If you have any questions, comments or concerns about our privacy policies, please contact us at 705-432-3322 or by email at [tdukelow@brockchc.ca](mailto:tdukelow@brockchc.ca)

\_\_\_\_\_  
Parent / Guardian Print + Signature

\_\_\_\_\_  
Date: (dd/mm/yyyy)

Primary Health Care Program  
64 Cameron Street East, P.O. Box 69  
Cannington, Ontario L0E 1E0  
T: 705.432.3388 F: 705.432.3389

Diabetes Education Program  
20 Cameron Street West, P.O. Box 69  
Cannington, Ontario L0E 1E0  
T: 705.432.2446 F: 705.432.3039

Community Development and Health  
Promotion Program / Administration  
1 Cameron Street East, P.O. Box 69  
Cannington, Ontario L0E 1E0  
T: 705.432.3322 F: 705.432.3221