

## Brock Community Health Centre Activity Permission Form

Program: \_\_\_\_\_  
Community: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date of Birth: DD/MM/YYYY \_\_\_\_\_ Grade in September 2018: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_  
 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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 1) I give my child permission to participate in the supervised activities run by the Brock Community Health Centre located at the \_\_\_\_\_ (facility) in \_\_\_\_\_ (community).
- 2) The program will be supervised by the Youth and Community Health worker and may include assistance from youth volunteers from Brock High School who are working towards their community service hours.
- 3) I give/do not give (please circle either) my permission to use pictures of my child \_\_\_\_\_ attending the Brock CHC program for promotional material, website, newspaper, and social media.

### 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)

#### **Administration**

720 Simcoe St., P.O. Box 279  
Beaverton, Ontario L0K 1A0  
T: 705.432.3322 | F: 705.426.4215

#### **Beaverton**

Beaverton Thorah Health Centre  
468 Main St. E., P.O. Box 279  
Beaverton, Ontario L0K 1A0  
T: 705.426.4636 | F: 705.426.3330

#### **Cannington**

64 Cameron St. E., P.O. Box 69  
Cannington, Ontario L0E 1E0  
T: 705.432.3388 | F: 705.432.3389