

MÉTIS COMMUNITY SERVICES SOCIETY OF BC

#201 – 2949 Pandosy St.,  
Kelowna, BC V1Y 1W1

212 Main Street  
Penticton, BC V2A 5B2  
Phone: 250-868-0351 Fax: 250-868-0359 Toll free 1-877-965-6237  
E-mail: [ascd@mcsbc.org](mailto:ascd@mcsbc.org) Website: [www.mcsbc.org](http://www.mcsbc.org)

2913 B – 29th Avenue  
Vernon, BC V1T 1Y8

Caregiver Permission

I, \_\_\_\_\_ declare that my child/ward \_\_\_\_\_ intends to participate in some of the activities, programs, and services offered by Métis Community Services Society BC. I understand that each child has different capacities for participation in activities. I am aware that all activities, services and programs are educational, recreational and/or cultural in nature. I assume full responsibility before, during and after participation to instruct my child/ward on the choices made available relative to the risks undertaken.

I understand that Métis Community Services Society of BC is not liable for injuries that may occur. I further agree to appoint Métis Community Services Society of BC as my agent to engage medical treatment on an emergency basis that may include, but is not limited to calling for an ambulance to take the child to the hospital for treatment.

Child Information: Métis \_\_\_\_\_ First Nations \_\_\_\_\_ Inuit \_\_\_\_\_ Non-Aboriginal \_\_\_\_\_  
M / F \_\_\_\_\_  
Name \_\_\_\_\_ Birth date \_\_\_\_\_ Personal Health Number \_\_\_\_\_

Medical Concerns: (Allergies, Prosthesis, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Behavioural Concerns: (FASD, ADHD, hitting, biting, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Custodial Concerns: (Who may NOT contact or be in the presence of the child)  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_