



**PCRS Prevention and Health Promotion Field Trip Form**

Youth's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 D.O.B: \_\_\_\_\_ Address: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 PHN Number: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Any Medications and reason: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
 Phone # (W): \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
 Phone # (W): \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_

Please indicate how your youth will be travelling to and from the program;

- My child has permission to walk to and from programming
- Myself or another parent/caregiver will be driving my child to and from programming

Along with basic program rules and guidelines, participating youth will be expected to adhere to the physical distancing procedures that are in place under the guidance of the Ministry of Health.

Zero Tolerance Rules	I have read & understand the rules
No physical violence, threats, verbal abuse or bullying behaviors. Anyone engaging in such behaviors <i>will be sent home immediately.</i>	_____ Youth Initials                      Parent/Guardian Initials
If Youth can be driven, they will be in buses and vehicles driven by staff members. The youth are expected to adhere to all rules when riding in staff vehicles/ buses.	_____ Youth Initials                      Parent/Guardian Initials
If a youth is feeling unwell, has any symptoms of COVID 19 or has been in contact with someone who has recently tested positive for COVID 19 they cannot attend and must alert staff	_____ Youth Initials                      Parent/Guardian Initials

*Thank you for your cooperation in implementing these policies.*

I, \_\_\_\_\_ hereby give permission for my youth, \_\_\_\_\_  
 to participate in the PCRS Prevention and Health Promotion field trip

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**PCRS**  
Thriving, healthy communities

Dear Parent/Guardian,

\_\_\_\_\_ has expressed an interest in participating in the upcoming Prevention and Health Promotion Summer group.

The group will take place at Meadow Park (behind AD Rundle Middle School) Meadowbrook Drive  
On Monday August 9<sup>th</sup> 2021 from 10am to 2pm

The cost of the group is **FREE** however you will need to complete the attached permission form and have your youth return it before the end of the school year. Your youth will be participating in various activities during Summer Programming including but not limited to arts & crafts, sports & games, mindfulness & yoga, leadership & team building. Snacks will be provided, but please make sure your youth brings a water bottle with them and is dressed appropriately for the activities and weather.

**Youth will be required to follow all COVID 19 safety protocols including but not limited to; Physical distancing, wearing a mask, washing and sanitizing hands frequently.**

**If your youth is experiencing any of the COVID 19 symptoms or has been in contact with someone who has recently tested positive for COVID 19 they will not be able to attend. If your youth arrives on site and begins to show symptoms we will require them to go home.**

If you have any questions or concerns please don't hesitate to contact me, Monday-Friday, 9:00am-4:00pm via cell phone at 604-798-1702 or email at [kjones@pcrs.ca](mailto:kjones@pcrs.ca)

Warm Regards,

Kristy Jones

Child and Youth Focused Substance Use Prevention & Health Promotion Program  
Pacific Community Resources Society