

Beyond Education

Contact:
Stephanie Feng
stephanief@lmnhs.bc.ca
Danielle Verzosa
dverzosa@mpnh.org

Contact Information

student's first name	student's last name	student's email	
parent/legal guardian's name	contact number	email	
apt/unit#	street address	city	postal code
emergency contact person #1	relation to student	contact number	
emergency contact person #2	relation to student	contact number	

Personal Information

gender	date of birth (dd/mm/yyyy)	student number	grade
doctor's name	doctor's contact #		
care card/medical #			
medical/health concerns (allergies, medications, special notifications)			
Status in Canada			
<input type="checkbox"/> Canadian Citizen	International Student		
<input type="checkbox"/> Permanent Resident PR # _____	Other		
<input type="checkbox"/> Refugee Claimant			

Consent and Acknowledgement of Risk

The qualified staff and volunteers (including volunteers) have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills.

While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities, and may occur without fault on the part of the student, employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities, you are agreeing that the activities described are suitable for your child. I give permission for my child to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.

Should it become necessary for my child to have medical care, I hereby give the staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

I agree to my child's photo being used for promotional use*: Yes No

Parent / Legal Guardian's Signature

Date dd/mm/yyyy

Where: Multipurpose Room,
Eric Hamber Secondary

When: Starting January 15, 2024
Mondays, 3:30pm-5:00pm

No program on early dismissal and Pro-D Days

