

Program Consent Form - 2025



General Information:

I, _____, give permission for my child/youth, _____, to participate in programs facilitated by Kneehill Regional Family and Community Support Services (KRFCSS). The information provided in this consent form will be used for all programs your child/youth is registered for from the date this form is signed **until December 31st, 2025**.

IMPORTANT – Participants must be registered to each program they want to participate in as spaces are limited.

Confidentiality Information: KRFCSS programs are based on a trusting relationship. The facilitator(s) will keep information shared by participants confidential except in situations where there is an ethical obligation to break confidentiality such as if your child/youth reveals information about harming themselves or others, child abuse, or criminal activity. For liability purposes, some facilities may require KRFCSS to provide a list of participant names so they know who is accessing their building. If you are not comfortable with your child’s name being shared, or if you have any questions, please contact Michaela directly at michaela@krfcss.com or 403-443-3800.

Outside Activity: If weather permits, some program activities may take place outside within the town/village the program is located. Participants will be accompanied by KRFCSS facilitator(s) at all times. Examples include the local field, playground, or a nature walk. Please be sure to provide your child/youth with weather appropriate clothing and footwear, sunscreen, and bug spray as these items are NOT provided by KRFCSS.

Participant Information:

Full Name:		Date of Birth:	
School:		Grade:	
Home Address:		AB Health Care #:	
Health/Allergy Concerns:		Any additional considerations:	

Parent/Guardian Information:

Parent/Guardian Name(s):		Parent/Guardian Phone #:	
Parent/Guardian Email:			
Do you want to be added to our emailing list for future events?			

Emergency Contact Information: *(If you cannot be reached)*

Name:		Phone #:	
-------	--	----------	--

PLEASE COMPLETE SECOND PAGE OF CONSENT FORM

Participant Pick-up Authorization: (Please select one)

- Self Checkout** - I authorize that my child/youth may check themselves out. I understand that my child/youth will meet their pick-up person at the vehicle, will walk home, or go to another activity after the program session.
- Signed Pick Up** – My child/youth **MUST** be signed out by a parent, guardian, emergency contact, or an additional person listed on this form. **Facilitators are not permitted to release your child/youth to anyone not listed on this form.**

Additional Pick-Up Contacts: ** Parents, Guardians, and Emergency contacts listed on this form are already authorized to pick up your child/youth.

Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #	

Media Release Consent: (Optional)

Kneehill Regional FCSS uses photos in publications, promotional material, and presentations such as annual reports, brochures, advertisements, promotional displays, or newspapers. We appreciate your permission to use these images in the manner outlined above.

- YES**, I authorize Kneehill Regional FCSS to produce, use, exhibit, display and distribute the PHOTOGRAPHED IMAGES of my child/youth in connection with the promoting, publicizing, or explaining programs facilitated by KRFCSS.
- NO**, I do not authorize Kneehill Regional FCSS to produce, use, exhibit, display and distribute the PHOTOGRAPHED IMAGES of my child/youth in connection with the promoting, publicizing, or explaining programs facilitated by KRFCSS.

Please sign below to acknowledge that you have read, understood, and agree to the terms in this consent form and verify that the information provided is true and correct.

Parent/Guardian Signature _____ Date: _____

Please submit your consent form to Michaela
by emailing Michaela at michaela@krfcss.com
or by dropping off the form at the KRFCSS office at 779 2 Street NE, Three Hills.

Please contact Michaela at 403-443-3800 or michaela@krfcss.com
if you have any questions or barriers to submitting your consent form.