



**Permission Form for  
Kwanlin Dün First Nation  
2017 Summer Recreation  
Kenädän Ku - House of Learning**

<b>Participant Information</b>	
Name:	
Address:	
Phone:	E-mail:
Gender: Female <span style="margin-left: 150px;">Male</span>	Age: Birthdate:
First Nation:	

<b>Guardian, Emergency &amp; Medication Information</b>	
<b>Parent/Guardian Information</b>	<b>Emergency Contact</b>
Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Family Doctor:	
<b>Please provide any additional contact information or drop-off information:</b>	
Allergies: Yes No      If Yes, what is your allergy: _____	
Anaphylactic: Yes No      If Yes, does your child carry an epi-pen? Yes      No	
Medication(s): (1) _____ (2) _____	
<b>Please Note:</b> Staff WILL NOT ADMINISTER medications	
Permission is hereby granted to administer First Aid treatment and/or access medical attention that may be required.	

**What:** The Kwanlin Dün First Nation is providing summer recreation to youth between the ages 5-14

**Where and When:** Participants will meet at Kenädän Ku – House of Learning unless otherwise specified.

Please indicate which of the following dates your child is planning on attending:

- July 17-21, 2017 Ages 5-8 Adventure camp
- July 24-28, 2017 Ages 9-11 Explore camp
- July 31-Aug 4, 2017 Ages 12-14 Out & About camp
- Aug 7-11, 2017 All Ages & family Harvest Day Camp
- Aug 14-18, 2017 All Ages & family Hunting Camp

**Transportation:** It is the responsibility of the Parent/ Guardian to provide transportation to and from the House of Learning for the student.

If the activity planned for the day is not at the House of Learning, we will start and end the day there. **Students will not be driven home.**

Parents are requested to provide permission for students to walk home at the end of the day.

**24 Hours' Notice:** Please provide at least 24 hours' notice if your child will miss the day's activities.

Contact the Alicia Vance Recreation Coordinator, send an email to [alicia.vance@kdfn.net](mailto:alicia.vance@kdfn.net) or leave a message at KDFN House of Learning front desk at (867) 633-8422.

### **What Else Do Participants Need to Know?**

- Appropriate clothing for outdoor activities will be necessary for the weather; this includes good boots and jackets.
- Healthy lunch and snacks will be provided.
- We request NO electronics (cell phones, cameras, iPods/Pads, Tablets, etc.).

### **TRANSPORTATION:**

Transportation to and from activities taking place outside of the House of Learning will be provided. However, students are requested to come to the House of Learning at the start of the activity and then they are required to make their way home from the House of Learning at the end of the activity.

I, *(Parent/ Guardian)* \_\_\_\_\_, give my permission for *(Student)* \_\_\_\_\_ to **walk home, alone** after the program that is held at the House of Learning.

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Signature of Parent or  
Guardian

*Date*



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## PHOTO CONSENT & RELEASE FORM

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Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to the Kwanlin Dün First Nation, its affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

- (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- (b) Permission to use my name; and
- (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity, and does not require prior approval by me.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_, 2017

Required for minors: The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

*The following is required if the consent form has to be read to the individual, parent or legal guardian:*

I certify that I have read this consent form in full to the individual, parent or legal guardian whose signature appears above.

\_\_\_\_\_, 2017 \_\_\_\_\_

Date Signature of Kwanlin Dün First Nation Representative