



Admin: Cheque #: \_\_\_\_\_ Amount: \_\_\_\_\_ Invoice Required: \_\_\_\_\_

Notes: \_\_\_\_\_

**ZWIĄZEK HARCERSTWA POLSKIEGO / POLISH SCOUTING ASSOCIATION IN CANADA**

**Permission Form / Pozwolenie**

**Szczep Podhale – Rok Harcerski 2016/2017**

Zuch

Harcerz

Wędrownik

Participant's Name: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Health Card Number \_\_\_\_\_

Participant's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent(s)/Guardian Names: \_\_\_\_\_

Mother's Work/Mobile Phone: \_\_\_\_\_ Father's Work /Mobile Phone: \_\_\_\_\_

Contact E-mail address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
(other than parent(s)/guardian listed above)

Relationship to Participant: \_\_\_\_\_

**PERMISSION / POZWOLENIE**

I give permission and consent to \_\_\_\_\_ to take part in the  
(Participant's Name & Surname)

Polish Scouting Program in Toronto and the Greater Toronto area from September 1, 2016 to December 31, 2017, including transportation to/from/between activity and meeting locations in private and/or commercial vehicles, and also including but not limited to:

- weekly meetings at Bishop Allen Academy premises (721 Royal York Rd, Toronto) and at such other schools and other locations as may be communicated from time to time;
- attendance and participation at church masses, marches, picnics, parades and festivals in Toronto and the Greater Toronto Area;
- scouting activities such as singing, carolling, earning badges, campfires, cooking, preparing food, pioneering, crafts and various indoor and outdoor games involving physical activity and contact with other participants as well as exertion during weekly meetings and at other times and places as communicated from time to time;
- hiking, marching, orienteering, bicycling, skating, skiing, snowboarding, tubing, tobogganing, trampoline jumping, trampoline dodgeball and various outdoor sporting and water games at various locations communicated from time to time involving physical activity, contact and requiring physical exertion; and
- other program activities at various locations in Toronto and the Greater Toronto Area at such times and places as will be communicated from time to time.

Scouts will be using various tools and equipment (for example: axes, saws, hammers, needles, nails) necessary to carry out above mentioned activities.



Permission is given to take part in all activities, except for:

---

I release and agree to indemnify and hold harmless the Polish Scouting Association, its units, members and volunteers from any liability concerning the Participant's involvement in approved scouting activities.

I understand that photographs may be taken during the scouting activities by the organizers, and the resulting images may be used in the Polish Scouting Association's brochures and promotional materials including the Polish Scouting Association's websites (including Facebook), without further notice to me, and I consent to such use of the photos.

I understand that, in the event that Participant is sent home due to a violation of the standards of conduct, I will bear all costs of the transport home and I acknowledge that I will receive no reimbursement of scouting or activity fees.

I also understand and agree that the Polish Scouting Association may send various material regarding its activities and offerings to me and to the Participant through electronic mail (including that of commercial nature) and I give permission to the Polish Scouting Association to forward such materials to any email address I disclose or have disclosed to the Polish Scouting Association.

**I have read and understand this permission and release document and understand that it contains release of liability clauses.**  
***Oświadczam, że przeczytałem/łam i rozumiem powyższy formularz zrzeczenia się i zwolnienia od roszczeń.***

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(for participants 18 years old or older – form to be signed by participant here and also below)*

Parent's/Guardian's name (please print): \_\_\_\_\_

\*\*\*\*\*

By signing below, I agree to abide by all rules, regulations and procedures and standards of conduct as prescribed by the Polish Scouting Association and its units.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALLERGIES / ASTHMA**

List any allergies such as food, insect stings, drugs, etc. Clearly explain allergy and/or asthma symptoms. If reaction is severe, please make certain that the severity of the reaction is clearly indicated and whether the participant carries an EpiPen. If more space is required to explain the medical concern, please attach the explanation on a separate piece of paper.

Allergy/Asthma	Rate Severity		Specific Type of Reaction	Usual Treatment
	mild	severe		
_____	1	2 3 4 5	_____	_____
_____	1	2 3 4 5	_____	_____

**DIETARY RESTRICTIONS**

List any foods the participant should not eat for medical reasons. If foods are life threatening, explain the symptoms and indicate if the participant carries an EpiPen for this purpose: \_\_\_\_\_

**MEDICAL CONDITIONS**

Please check off any life threatening conditions, physical limitations or any other concerns which might affect participation in the program.

Epilepsy	yes	no	Fainting Spells	yes	no
Diabetes	yes	no	Digestive Upsets	yes	no
Migraine Headaches	yes	no	Sleepwalking	yes	no
Bleeding Disorder	yes	no	Chronic Ear, Nose, Throat Infections	yes	no
Urinary Infections	yes	no	Nosebleeds	yes	no
Medic Alert Information	yes	no	Bed Wetting	yes	no

Medic Alert

For: \_\_\_\_\_ Other \_\_\_\_\_

Details for usual treatment: \_\_\_\_\_

**MEDICATION (information for day or overnight trips)**

The medication being carried by the participant will be monitored by an instructor or counsellor:

Name of Medication	Dosage	Method of Administration	Reason	Self* Medicating?

\* Self indicates the participant is in possession of the medication.

If necessary, may over the counter medications be administered in instances of fever, cold and/or minor discomfort (i.e. Tylenol, Motrin, Benadryl, cold syrup, etc.)? YES NO

Has the participant received a Tetanus shot within the last 10 yrs.? YES NO \_\_\_\_\_  
Date of last Tetanus shot

**CONSENT/POZWOLENIE REGARDING (PARTICIPANT'S NAME): \_\_\_\_\_**

In the event that medical care is required, I understand that every effort will be made to contact me. I acknowledge that in the case of an emergency, medical treatment may be sought by an Instructor and/or provided by health care practitioners without my consent. I hereby authorize the Scouting Instructors to secure such medical advice and services as may be required for the health and safety of myself or my child (or ward). I agree to accept financial responsibility in excess of the benefits allowed by my Provincial Health Plan and to reimburse the scouting organization for medical prescriptions purchased for my child.

*W wypadku potrzeby uzyskania opieki medycznej, rozumiem ze Instruktorzy/Druzynowi prowadzacy zajecia doloza wszelkich mozliwych starań by się ze mną skontaktować. Rozumiem ze w sytuacjach nagłych interwencja medyczna może nastąpić bez mojego pozwolenia. Upoważniam osoby prowadzące harcerskie zajęcia do zasięgnięcia potrzebnej opieki medycznej dla zapewnienia zdrowia i bezpieczeństwa mojego lub mojego dziecka (czy mojego podopiecznego). Przyjmuje odpowiedzialność finansowa za koszty niepokryte przez rządowy plan zdrowia łącznie z lekami na receptę zakupionymi dla mojego dziecka.*

Signature of Participant (or parent/guardian if participant under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

<b>Note:</b> The signature of a physician is only required for a participant with a life threatening medical condition.	
Physician's Name: _____	Physician's Telephone Number: _____
Signature of Physician: _____	Date: _____