



PARENTAL CONSENT FORM

In consideration of my child(ren)'s attendance at and/or participation in Kids & Company Programs, I, the undersigned, hereby acknowledge that my child(ren) will participate in the daily activities which include on site activities (i.e. infant stroller walks) and off site field trips (the "Activities"). I consent to have my child(ren) leave the premises, from time to time, to participate in excursions if planned as part of my child(ren)'s program, without prior consultation with me. A detailed field trip form will still be distributed for each planned off site field trip. It is understood that supervision will be provided by members of the staff of Kids & Company and precautions will be taken for the safety of my child(ren).

I agree that Kids & Company and its employees shall not be liable for any injury to my child(ren) or loss or damage to my child(ren)'s personal property arising from, or in any way resulting from, my child(ren)'s attendance at Kids & Company and/or participation in the Activities, and agree to release and indemnify Kids & Company from any and all claims and damages arising as a result of any such injury, loss or damage, unless such injury, loss, or damage is caused by the negligence of Kids & Company and its employees while acting within the scope of their duties. I understand that the responsibility of Kids & Company for my child(ren) begins when the child(ren) has/have been duly admitted each day and ends when the child(ren) has/have been picked up to go home.

PARENTS UNDERSTANDING OF THE DAYCARE WEBWATCH SYSTEM:

I am aware that Kids & Company utilizes the Daycare Webwatch system and that is a secure video site, which is only accessible by private parent password. I am aware that this website gives access to all registered users and understand and agree that therefore my child(ren) will be viewed by other parents whose children are also using the Kids & Company services that day. I understand that the Webwatch system does not cover all areas of the childcare site, and that my child(ren) will not be viewable when s/he is in the areas not within camera range.

PARENT CONSENT FOR PICTURE TAKING:

I hereby consent to the picture taking of my child(ren) during the year for the purposes of display around the center or to represent Kids & Company.

CONSENT FORM FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION:

I consent to the collection, use and/or disclosure of my and my child(ren)'s personal information for the purposes outlined in the Parent Handbook. I have reviewed the Privacy Policy and agree that Kids and Company Ltd. can collect, use and disclose personal information as set out therein.

PARENT CONSENT FOR MEDICAL TREATMENT AND RELEASE OF MEDICAL RECORDS: To the best of my knowledge, my child(ren) is/are in good health and



has/have not been exposed to any infectious disease in the past four weeks. If he/she becomes exposed to any infectious disease while enrolled at Kids & Company or has any change in medical health, I will inform Kids & Company in writing prior to his/her arrival for the day **I agree to comply with Kids & Company's health policy setting out the circumstances in which a sick child cannot attend.** In the event of a medical emergency, I hereby give permission to Kids & Company and/or its employees to contact an ambulance/ emergency service (911) and/or, provided that where practicable, reasonable efforts are first made to contact me or other designated contacts listed in my child(ren)'s registration form, to secure medical treatment for my child(ren) through a physician selected by Kids & Company and its directors or employees.

In the event of a medical emergency, I hereby give permission to the physician selected by Kids & Company to treat my child. In particular, in case of an emergency requiring surgery, and if we are not immediately available for consultation, I specifically give permission to that physician to hospitalize my child(ren) and to order injections, anaesthesia or surgery for my child(ren).

I also authorize any physician currently treating my child(ren) or who has treated my child(ren) in the past or any other hospital or institution in which my child(ren) has/have received treatment to release any medical information concerning my child(ren)'s previous or current medical history or condition to Kids & Company and/or any physician selected by Kids & Company to treat my child pursuant to the authorization given herein.

I agree to release and indemnify Kids & Company and all staff members from any and all liability resulting from the circumstances and/or medical treatment received by my child(ren) as a result of a medical emergency.

NOTIFICATION OF GRANTED EXEMPTION:

Please be advised that Kids & Company has been granted an exemption by Vancouver Island Health Authority to allow for the Board Members of Kids & Company to reside outside of the province of British Columbia.

The Community Care and Assisted Living Act allows a person in care or their agent or representative, as well as the spouse, relative or friend of a person in care, to appeal an exemption that has been granted.

Child's Name: _____

PARENT/GUARDIAN SIGNATURE

DATE

SITE DIRECTOR SIGNATURE

DATE