

**ALL SECTIONS IN THIS FORM MUST BE FULLY
COMPLETED AND YOU MUST BE THE LEGAL GUARDIAN**

| Child(ren)'s Name | Age | Date of Birth: Year – month - date | Medical Problems/Allergies/Special Care Needed |
|-------------------|-----|---------------------------------------|---|
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Have your Child Bring a Favourite Toy

Parent/Guardian's Info

Home Address: _____ Contact #: _____

Alternate Contact Name: _____ Contact #: _____

Signature of Parent/Guardian: _____

Medical Consent Form

Upon admission of my child to the OPSEU/SEFPO Childcare Program, I agree that in the event of an emergency when I cannot be reached, I authorize the administration of any medical procedures deemed necessary by a doctor or hospital selected.

Name of Doctor: _____ Contact #: _____

*Child's OHIP # (required): _____

Signature of Parent/Guardian: _____

Please return with your Application Form to r5educationals@opseu.org

Parents must be on-site at all times when utilizing childcare provided by OPSEU.

**CHILDREN WHO ARE NOT REGISTERED FOR CHILDCARE MAY NOT BE
ACCOMMODATED IF BROUGHT TO THE EVENT**