

Parental Consent Form

CHILD’S/CHILDREN’S NAME(S)	
CHILD’S/CHILDREN’S DATE OF BIRTH	
PARENT/GUARDIAN’S NAME	
NAME OF INDIVIDUAL PICKING UP CHILD/CHILDREN	
ALLERGY/MEDICAL INFORMATION	
EMERGENCY CONTACT NUMBER**	

I consent to the above named child’s participation in the program. I acknowledge that it is my responsibility to advise the Vancouver Police Museum (VPM) staff of any conditions that may affect the child’s participation in the program.

In the event that the child requires emergency medical attention, I consent to the child being transported to the nearest emergency centre by ambulance if necessary and accept that I am responsible for any costs of such transportation service. Please note that the responsibility for taking medication cannot be assumed by staff and remains the sole responsibility of the participant. ****The emergency contact number I have provided is accessible at all times during program hours.**

In case the child expresses behavior that is disruptive to the program, I acknowledge the museum’s right to remove the child from participation in the program and to contact me for the child’s immediate pick-up.

The VPM retains the right to change or adapt the program as necessary. All Vancouver Police Officers who commit their time to this program are on duty and may need to be absent or leave the museum to attend to public safety matters. I consent to my child’s participation in an hour field trip outside of the VPM to a Vancouver Police Department facility. This component of the program involves physical training activities that VPD members will supervise.

The VPM is housed in the old city morgue and autopsy facilities. Although youth are supervised at all times, they may enter these rooms.

I understand that staff of the Vancouver Police Museum may take photographs of the child for promotional purposes and consent to that usage.



Parental Consent Form

I hereby release and forever discharge the Vancouver Police Museum, the Vancouver Police Historical Society including its officers, board members, employees and the City of Vancouver, of and from all manner of actions, claims and demands of whatsoever nature which the child may have in respect of any injury, loss or expense he/she or I may sustain arising out of or in any way connected to participation in this program.

I HAVE READ THIS CONSENT FORM AND ACCEPT ITS TERMS.

Parent/Guardian Signature: _____ Date: _____