

SARNIA & DISTRICT HUMANE SOCIETY

KIDS HALLOWEEN PARTY | PARENT/GUARDIAN CONSENT FORM

1 CHILD AND PARENT/GUARDIAN INFORMATION

Child full name: _____ Age: _____

Parent/guardian name: _____

Mobile number: _____ Alternate number: _____

Emergency contact (other than parent): _____

Emergency contact phone: _____

2 HEALTH, ALLERGIES AND ACCESSIBILITY

Allergies (including food, animals, latex or face paint), medical concerns, accessibility or support needs, and any relevant emergency instructions:

Does your child carry emergency medication (e.g., epinephrine inhaler)?

☐ No ☐ Yes - specify medication and instructions: _____

Dietary restrictions / snack considerations: _____

3 SUPERVISION AND PICKUP

☐ I will stay on site and supervise my child.

☐ I will drop off my child and authorize event staff/volunteers to supervise them.

Parent/guardian must sign the child in and out. A reachable phone number is required for drop-off.

Authorized pickup person(s), in addition to the parent/guardian named above:

Name: _____ Phone: _____

Name: _____ Phone: _____

☐ Only the parent/guardian and the person(s) listed above may pick up my child.

4 EVENT ACTIVITIES

Activities may include Halloween crafts, face painting, snacks and drinks, and a supervised presentation or interaction with animals from Sam's Scales & Tails. Contact with shelter animals is not guaranteed and will occur only if suitable animals are available and shelter staff approve it. Children may decline any animal interaction or activity.

5 ACKNOWLEDGEMENT OF RISKS AND SAFETY RULES

I understand that participation may involve risks, including animal scratches, bites or unexpected movements; allergic reactions; germs associated with animal contact; minor injuries from crafts or activities; and reactions to face paint, snacks or other materials.

I understand that animal interactions are subject to staff/handler direction and may be changed or cancelled. My child must not approach, touch, feed, lift or handle an animal without permission and direct supervision. My child will follow instructions, use hand hygiene after animal contact and before eating, and tell staff if they feel unwell or unsafe.

I have supplied information needed to support my child. I understand that staff may contact me and may end my child's participation in an activity if safety requires it.

6 EMERGENCY CARE AUTHORIZATION

If I cannot be reached promptly in an emergency, I authorize event staff to seek appropriate emergency assistance for my child, including calling 911 and arranging transportation for medical assessment where necessary. I understand that medical professionals determine appropriate treatment and that I remain responsible for any costs not covered by insurance. Staff will make reasonable efforts to contact me or the emergency contact as soon as possible.

7 OPTIONAL PHOTO / VIDEO CONSENT

Please select ONE. This choice does not affect my child's ability to attend. I understand that images may be used by the Sarnia & District Humane Society for event recaps and promotion, including its website, social media and printed materials. My child will not be identified by full name without separate permission.

☐ YES, I consent to my child being photographed/recorded and images used as described.

☐ NO, I do not consent to promotional photographs or recordings of my child.

8 PARENT/GUARDIAN AGREEMENT

I confirm that I am the child's parent or legal guardian, that the information I provided is accurate to the best of my knowledge, and that I have read and understand this form. I consent to my child participating in the selected activities under the supervision arrangement indicated on page 1. I understand that this form acknowledges risks and provides consent; it does not remove the Society's legal obligations or waive my child's legal rights.

Parent/guardian signature: _____ Date: _____

Printed name: _____

STAFF USE ONLY

Sign-in time: _____ Sign-out time: _____ Pickup verified by: _____

Notes: _____