

Parent / Legal Guardian

Emergency Contact Agreement



The personal information on this form is collected under authority of Section 11 of the *Municipal Act 2001*. Only the parent/legal guardian shown on this form and City of Mississauga Staff are entitled to have access to the information indicated on this form. This form will be used to contact and communicate with the person identified as Emergency Contact to receive information in the event of an emergency at a Recreation Camp Program. Questions about this collection should be directed to: Manager, Customer Service Centre, 301 Burnhamthorpe Road West, Ground floor, 905-615-3200 x5037.

Participant(s)

ONE	Last Name - CHILD	Middle Initial	Provide any information regarding the participant which may be helpful to staff. _____ _____
	First Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
TWO	Last Name - CHILD	Middle Initial	Provide any information regarding the participant which may be helpful to staff. _____ _____
	First Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
THREE	Last Name - CHILD	Middle Initial	Provide any information regarding the participant which may be helpful to staff. _____ _____
	First Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

Parent/Legal Guardian

ONE	Last Name	First Name	Middle Name
	Home Phone	Business Phone	Cell Phone
	Signature		Date
TWO	Last Name	First Name	Middle Name
	Home Phone	Business Phone	Cell
	Signature		Date

Emergency Contact

Last Name	First Name	Middle Initial
Home Phone	Business Phone	Cell Phone