

#300, PARK PLACE  
4825, 47 STREET  
RED DEER, ALBERTA  
T4N 1R3



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### Specialized Recreational Activities Consent Form

Client Name: \_\_\_\_\_

CFSA #: \_\_\_\_\_

Activity Date: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Guardian: \_\_\_\_\_

District Office: \_\_\_\_\_

#### Supervision

<b>Staffing Ratio &amp; Names</b> <b>Skill of Supervision</b> <b>Required Client Training</b> <b>Health Concerns</b>	
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#### Description of Activity

<b>Timeline/Itinerary</b>  <b>Route</b>  <b>Meeting Points</b>	
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#### Emergency Procedures

<b>First Aid/Safety Equipment on Hand</b>  <b>Method of Communication</b>  <b>Search &amp; Emergency Plan</b>	
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Caseworker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_