**INTAKE CHECKLIST**

## Section 1 Legal Documents.(Our Program) must receive copies of all applicable documents before Intake:

Legal records; court documents/orders/restrictions; custody documents/adoption certificate  
 Recent Photo

## Section 2 Intake Documents—after acceptance is granted, Our Program must receive copies of these completed intake documents before you arrive at intake. Email:info@windsofhope.ca; Fax: 306 500 5766. Please bring originals with you to intake, as well.

3 weeks before intake, contact us about setting up your child’s online education courses

General Expectations

Parent / Guardian Agreement

Child Agreement

Child Handbook Agreement

Medication Information & Authorization

Agreement and Consent

Medical/Dental Release

Family Counselling Agreement

Consent for Publicity

Sports Participation

Conciliation & Arbitration Agreement

Tuition Payment Agreement

Payment Information

Partner for CHANGE

Phone and Mail List/No Contact List

Please have your pharmacy blister package your Child’s prescription medications

Review the *What to Pack* list

***Please transfer your Child’s prescriptions and health insurance information to Shoppers Drug Mart, Prince Albert; phone, 306 922 6144; Fax: 306-922-6148***

## Section 3 Temporary Grant of Authority in Favour of Winds of Hope. Winds of Hope must receive copies of these completed documents, before arrival at Intake. Bring originals with you.

*Declaration of Legal Guardianship / Section 9*

## Section 4 Bring to Intake

\*Provincial health card (original)

Immunization record

\*Legal photo ID (original)   
\_\_\_\_ Birth Certificate \_\_\_\_ Treaty Card

**\*These originals will be kept in the Winds of Hope office**

Petty cash for per Child al spending (suggested, $200, in $5 & $10 denominations) $500 expense deposit

1st month’s tuition

Child’s per Child al effects; see *What to Pack*

If your Child needs eye glasses, he should bring an extra pair

At least four weeks’ worth of bubble-packed prescription medications

A paper copy of these completed documents

## Section 5 Done on site

* Parent package
* Weight, height, picture
* Inventory

INTAKE DOCUMENTS

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEGAL DOCUMENTS**

Winds of Hope requires proof of custody

***Fax or scan to email*** all custody documents/adoption certificate, if applicable.

Winds of Hope requires *all applicable legal records; court documents/orders/restrictions; etc*.

* ***Fax or scan to email*** all applicable documents.

Email: info@windsofhope.ca (or reply to sender)

Fax: 306 500 5766

* **Please bring originals with you, as well.**

**Please insert a recent photo of the Child**

GENERAL EXPECTATIONS

Estimated length of stay:

* 6-15 months, dependent upon the child’s progress through the levels and upon evaluation of the staff.

Visitation Requirements:

* Parents/guardians are required to attend Winds of Hope’s events when necessary.
* Parents/guardians are required to visit their Child s at Winds of Hope, if possible. More visits are welcome.

Christmas Break/Weekend passes:

* Child s will be sent home for a week during Christmas Break (at the parent / Guardian expense)
* While in the program, Child s are required to follow Winds of Hope rules and guidelines onsite and off site. Please be mindful of this during visits and weekend passes.

Publicity of Winds of Hope Child s:

* Winds of Hope obligates itself to protect the identities of Child. While visiting your teen, you will likely take pictures of him and other Childs. Parents/guardians are not permitted to make public the names or photographs of *current Childs* or *former Childs under 18 years of age,* who are not in your guardianship. In addition, parents will respect the privacy of all Childsnot in their guardianship, even after they reach the age of 18, and will not publicize pictures without their consent. Parents are not permitted to publicize (e.g. Facebook) immediate negative situations pertaining to their, or any other, Child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Winds of Hope Supervisor Signature Date

PARENT/GUARDIAN AGREEMENT

**Mark each statement, verifying that you understand and are committed to the Winds of Hope program.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. I have read the Winds of Hope Child Handbook. |  |  |
| 1. I understand that Winds of Hope is a 6 – 15-month program. |  |  |
| 1. I understand that Winds of Hope believes in a child-centered approach where the primary goal is the child’s wholeness. |  |  |
| 1. I agree that my Child will participate in daily programs. |  |  |
| 1. I agree that my Child will participate in daily chores as part of the work program. |  |  |
| 1. I agree that my Child will participate in one-on-one counseling. |  |  |
| 1. I agree that my Child will participate fully in the organized recreation program as part of his physical exercise training. |  |  |
| 1. I understand that there is a high emphasis on rules, structure, and discipline; and I agree to co-operate fully with the program. |  |  |
| 1. I have provided the information in this application voluntarily and confirm that it is accurate and truthful to the best of my knowledge. I authorize Winds of Hope, their staff, and other per Child s approved by them to use this information in any manner deemed reasonable by them, in their sole discretion, for purposes of the program(s) administered by them. I agree not to hold Winds of Hope. responsible for any inadvertent release of such information to third parties. |  |  |

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Winds of Hope Supervisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD HANDBOOK ACKNOWLEDGEMENT AND AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child), have received a copy of the Winds of Hope Child Handbook and have read and understand the content. I also have received and understand the instructions given regarding the level system. I understand that infraction of the rules will result in disciplines or loss of privileges.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first parent) and I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (second parent), have received a copy of the Winds of Hope Child Handbook and have read and understand the content. I also have received and understand the instructions given regarding the level system. I understand that infraction of the rules will result in disciplines or loss of privileges.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Winds of Hope Supervisor Signature Date

**SPORTS PARTICIPATION ACKNOWLEDGEMENT AND AGREEMENT**

I/we authorize Winds of Hope to have Child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, participate in the sports opportunities appropriate to his age and ability. I/we also authorize Winds of Hope personnel to take reasonable action to safeguard the health and wellbeing of Child, including administering first aid and, if necessary, obtaining emergency medical treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Winds of Hope Supervisor Signature Date

PRE-ENTRANCE MEDICAL

(To be completed by your physician)

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provincial Health card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The following blood work must be completed and the results submitted to Winds of Hope prior to intake**
   * + HIV
     + Hepatitis B
     + Hepatitis C
     + Liver Function\*\*

\*\*ALT, AST, GGT, ALK Phosphatase, total bilirubin (**Note**: Childs prepare food in the kitchen)

1. **A TB test must be completed and the results submitted to Winds of Hope prior to intake**
2. Last Tetanus shot was on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).
3. Does the Child currently suffer from any of the following mental illnesses?
   * + Schizophrenia
     + Bi-Polar Disease
     + Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If other, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the Child regularly need medications?  **** Yes **** No

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does the Child currently suffer from any of the following?

**** Diabetes **** Allergies

****  Heart problems **** Asthma

**** High blood pressure

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does the Child have physical limitations that would hinder him from doing house chores?

****  Yes **** No

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are you this Child’s regular attending physician?  **** Yes **** No

Physician’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send to

Winds of Hope info@windsofhope.ca

952 1st St East, Fax: 306 500 5766

Prince Albert, SK S6V 0C4 Phone: 306 314 9511

Office hours: Monday – Friday, 9:00 a.m. – 5:00 p.m.

MEDICATION INFORMATION & AUTHORIZATION

I understand that Winds of Hope staff who administer medications to Childs have been trained by Winds of Hope in medication administration.

I understand that all medications given to Childs—prescription and non-prescription; regular and as-needed—are recorded with the name of the medication; the date, time, and reason it was given; & the staff who administered it.

I understand that, at the discretion of Winds of Hope staff, my Child may be given Tylenol, Advil, aspirin, or their generic counterparts, unless otherwise instructed by me or my Child’s physician.

I authorize the staff at Winds of Hope to administer any medications to my Child in strict accordance with specified directions on the medication or as prescribed by a physician, **except**

I **do not authorize** Winds of Hope to administer the following medications to my Child at any time:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regular prescription medication information for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child name).**

Please take a clear photo of each of your Child’s prescriptions (printed on his medications’ packaging) and upload them here. Then provide the information requested.

**Photo of prescriptions:** 

1. The first medication in the photo is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.   
   This medication is prescribed for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Instructions (with/without food, earliest/latest this med can be given, missed med procedure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My Child has been taking this medication \_\_\_ regularly \_\_\_ sporadically since \_\_\_\_\_\_\_\_\_\_\_\_ (m/y).

My Child has \_\_\_ discontinued this medication \_\_\_ altered the dosage of this medication.

Explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The second medication in the photo is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
   This medication is prescribed for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Instructions (with/without food, earliest/latest this med can be given, missed med procedure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My Child has been taking this medication \_\_\_ regularly \_\_\_ sporadically since \_\_\_\_\_\_\_\_\_\_\_\_ (m/y).

My Child has \_\_\_ discontinued this medication \_\_\_ altered the dosage of this medication.

Explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The third medication in the photo is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.   
   This medication is prescribed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Instructions (with/without food, earliest/latest this med can be given, missed med procedure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My Child has been taking this medication \_\_\_ regularly \_\_\_ sporadically since \_\_\_\_\_\_\_\_\_\_\_\_ (m/y).

My Child has \_\_\_ discontinued this medication \_\_\_ altered the dosage of this medication.

Explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact the office with any additions or adjustments to your Child’s medications.

Phone: 306 314 9511● Fax: 306 500 5766● [info@windsofhope.ca](mailto:info@windsofhope.ca)

***Shoppers Drug Mart, Prince Albert —phone 306-922-6144; fax 306-922-6148;***

AGREEMENT AND CONSENT

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("The Child")

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the parent / legal guardian of the Child, hereby agree that Winds of Hope. may assume custody and control of The Child, and may act on my behalf in The Child’s benefit so long as The Child may reside at the Winds of Hope Residence. I hereby release Winds of Hope. from any liability or responsibility, with regard to any injuries or medical conditions, which The Child has or has had prior to the signing of this release. I also hold Winds of Hope. harmless from and agree to indemnify Winds of Hope for any liability arising out of their care and custody of The Child.

The purpose of this Agreement is to allow Winds of Hope to make all decisions on The Child 's behalf as though they were The Child 's legal guardian, so far as the law will allow, without attempting to relieve me of any responsibility.

I hereby agree that Winds of Hope., shall keep the Child until I revoke this Agreement and Consent in writing.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Winds of Hope Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL, DENTAL RELEASE AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the parent / guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby grant Winds of Hope the right, authority, and consent to provide medical, or dental services to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ according to their discretion.

I understand that, if possible, I will be notified in advance of any medical, dental aide. I also understand that I as the parent or legal guardian will be fully responsible to pay any doctor or hospital bills or medicine costs incurred while \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in the program.

I understand that I will be billed by the billing agencies. I also agree to provide any medical or dental insurance forms to Winds of Hope under this agreement.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Winds of Hope Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY COUNSELLING AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Child in the Winds of Hope program, agree for the child to participate in a family counselling sessions with a Winds of Hope Director or an appointed counsellor for the purpose of evaluating and making adjustments before reintegration of my Child back into my home.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Winds of Hope Supervisor Signature Date

CONSENT FOR PUBLICITY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Winds of Hope to use and publish, in whole or part, both in print and on social media for any lawful purpose, my Child's photos, written stories, personal testimony, journals, etc., that are related to Winds of Hope. I understand that all information will be obtained from my Child and me and not from any records that are protected by law.

I will not publish on social media photos of Childs who are not under my guardianship or make public any negative comments etc. about Winds of Hope or its staff. I understand that Winds of Hope encourages sharing of its Facebook posts; however, I will not tag any of the Winds of Hope Childs who are not under my guardianship.

I also release Winds of Hope. from any liability by virtue of misprint, error, or distortion that may occur unless it can be proved that the publication was maliciously caused and published for the purpose of subjecting me or my Child to ridicule, scandal, reproach, or indignity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Winds of Hope Supervisor Signature Date

ZERO VIOLENCE

I understand that Winds of Hope has a zero violence policy. I understand that if my Child assaults a staff member or another Child —if the child acts in a manner that indicates any intention of harm to a staff member or another Child — the incident will be subject to Director review, and my Child could be expelled.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Winds of Hope Supervisor Signature Date

APPROVED VISITOR/PHONE/MAIL CONTACTS

(You can make changes any time by contacting the office.)

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following people are approved contacts:**

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Calls ⬜ Mail ⬜ Visits

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Calls ⬜ Mail ⬜ Visits

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Calls ⬜ Mail ⬜ Visits

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Calls ⬜ Mail ⬜ Visits

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Calls ⬜ Mail ⬜ Visits

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Calls ⬜ Mail ⬜ Visits

NO CONTACT LIST

(You can make changes any time by contacting the office.)

**The following people are not permitted to have contact with** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child).

(Providing addresses and phone numbers helps us recognize incoming phone calls and mail.)

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Prov./Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEMPORARY GRANT OF AUTHORITY AND INDEMNIFICATION IN FAVOUR OF WINDS OF HOPE

### Declaration of Legal Guardianship

**I/WE**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of  
 (*first parent’s name*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(*street address*) (*city*) (*province*) (*postal code*)

and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of  
 (*second parent’s name*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*street address*) (*city*) (*province*) (*postal code*)

**Hereby declare that:**

***Guardianship:***

1. I/We am/are the legal guardian(s) and custodian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Child”), born the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_.

***Decision-Making Authority***

1. I/We have legal custody and guardianship of the Child and I/we alone am/are legally entitled to make decisions regarding his health, education and living arrangements.

***Intention to Transfer Authority***

1. It is my/our wish and intention that the Child shall reside at Winds of Hope and participate in its residential program. It is my/our wish and intention that the Child shall be under the authority of the Directors of Winds of Hope (the “Directors”) while he participates in the Program.

***Grant of Authority to Make Educational Decisions***

1. In order to support the child’s participation in the Program and in order to ensure that the Child is able pursue his education while residing at Winds of Hope, I/we grant the Directors the authority to make educational decisions regarding the Child on my/our behalf. This authority includes but is not limited to the authority to determine where the Child attends school.

***Recognition of Risk and Release of Winds of Hope***

1. I/We understand that many of the sports, work projects and other activities in which the Child will participate while at Winds of Hope involve a measure of risk. I/We acknowledge that I/we have been made aware of these risks. I/We consent to the child’s participation in these activities and I/we understand and acknowledge that the Child will be exposed to these risks. I/We agree that I/we and my/our heirs, executors, administrators, successors and assigns will not hold Winds of Hope or its Directors, employees, agents, successors or assigns responsible for any harm that the Child may suffer as a result of these risks.

***Grant of Authority to Sign Consents, Waivers, and Authorizations***

1. In order to facilitate the child’s participation in the Program and in order to ensure that the Child receives any and all necessary medical, legal and other attention while residing at Winds of Hope, I/we grant each Director the authority to provide and sign consents, waivers and authorizations of any form and content on my/our behalf and on the child’s behalf in regard to the Child.

***Grant of Authority to Make Emergency Medical Decisions***

1. In order to ensure that the child’s health and safety are adequately provided for, I/we grant each Director the authority to make emergency medical decisions on my/our behalf and on the child’s behalf in regard to the Child.

***Grant of Authority to Use Reasonable Force***

1. I/We also grant the Directors and employees of Winds of Hope the authority to use reasonable force to restrain the Child if necessary in order to protect the safety of the Child, others, and property. I/We agree that I/we and my/our heirs, executors, administrators, successors and assigns will not take legal action against Winds of Hope or its Directors, employees, agents, successors or assigns for any reasonable action taken pursuant to this Temporary Grant of Authority or for any harm caused or loss sustained by that action.

***Duration of Grant of Authority***

1. The authority granted in sections 5, 6 and 7 of this document shall endure until the Child no longer resides at Winds of Hope, which shall be deemed to have occurred at the occurrence of the earliest of the following events:
   1. Child’s completion of the Program;
   2. my/our removal of the Child from the Program, which removal shall be deemed to have occurred only when I/we have physically removed the Child from the premises of Winds of Hope and Winds of Hope has been provided with written confirmation of my/our intention to remove the Child from the Program;
   3. Removal of the Child from the Program at the Directors’ request, which removal shall be deemed to have occurred only when the Directors have provided the request to me/us in writing and the Child has been physically removed from the premises of Winds of Hope;
   4. Removal of the Child from the Program by police action or court order.

***Release from Liability***

1. I/We agree that neither I/we nor my/our heirs, executors, administrators, successors and assigns, nor the Child, insofar as I/we am/are able to waive the right on his behalf, will take legal action against Winds of Hope or its Directors, employees, agents, successors or assigns for any action or omission occurring pursuant to this Temporary Grant of Authority. Without limiting the foregoing, **I/we agree that neither I/we nor my/our heirs, executors, administrators, successors and assigns will take legal action against Winds of Hope or its Directors, employees, agents, successors or assigns for negligence regarding any decision, act or omission occurring pursuant to this Temporary Grant of Authority**.

***Indemnification***

1. I/We understand and acknowledge that I/we continue to be legally responsible for any harm caused by the Child while he is participating in the Program. I/We understand and agree that **I/we will indemnify Winds of Hope and its Directors, employees, agents, successors and assigns from and against any and all claims, damages, costs, actions, and expenses which Winds of Hope or its Directors, employees, agents, successors or assigns may at any time incur or suffer as a result of the child’s actions**, provided such claim, damage, cost, action or expense is not the result of the negligence or willful act or misconduct of Winds of Hope or any Director, employee, agent, successor or assign of Winds of Hope.

### Independent Legal Advice

1. I/We am/are aware that I/we may seek independent legal advice before signing this Temporary Grant of Authority and Indemnification.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 (city) (province)

This \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public First Parent / Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Second Parent / Guardian

### Notary Public Certificate

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of  
 (*Notary Public*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(*street address*) (*city*) (*province*) (*postal code*)

Certify:

1. that I witnessed the signing of the Temporary Grant of Authority and Indemnification in favour of Winds of Hope by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Grantor”, First Parent)   
   dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
2. that I witnessed the signing of the above-mentioned Grant of Authority by the grantor;
3. that in my opinion the Grantor was an adult who could understand the nature and effect of the Temporary Grant of Authority and Indemnification at the time that he or she signed the above-mentioned Temporary Grant of Authority and Indemnification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Notary Public) (Date)*

**Notary Public Certificate**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of  
 (*Notary Public*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(*street address*) (*city*) (*province*) (*postal code*)

Certify:

1. that I witnessed the signing of the Temporary Grant of Authority and Indemnification in favour of Winds of Hope by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Grantor”, Second Parent)   
   dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
2. that I witnessed the signing of the above-mentioned Grant of Authority by the grantor;
3. that in my opinion the Grantor was an adult who could understand the nature and effect of the Temporary Grant of Authority and Indemnification at the time that he or she signed the above-mentioned Temporary Grant of Authority and Indemnification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Notary Public) (Date)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Inventory** | | |  |  |  | **WHAT TO PACK** | | |  |  |  |  |  |  |
| **Child:** |  | | | | | | | | | **Date:** | |  | | |
| **Clothing** | | **Max Allow’d** | **# Packed** | **# Rec’d** | **In Possession** | **In Storage** | **# Packed (exiting)** | **Accessories** | **Max Allow’d** | **# Packed** | **# Rec’d** | **In Possession** | **In Storage** | **# Packed (exiting)** |
| Underwear | | 10 |  |  |  |  |  | Belts | 2 |  |  |  |  |  |
| Socks | | 10 |  |  |  |  |  | Ties | 4 |  |  |  |  |  |
| Undershirts | | 2 |  |  |  |  |  | Sunglasses |  |  |  |  |  |  |
| Collared/dress Shirts | | 4 |  |  |  |  |  | Watch |  |  |  |  |  |  |
| Casual shirts/plain T-Shirts | | 10 |  |  |  |  |  | Necklaces |  |  |  |  |  |  |
| Hoodies | | 2 |  |  |  |  |  | Bracelets |  |  |  |  |  |  |
| Sweaters | | 2 |  |  |  |  |  | Rings |  |  |  |  |  |  |
| Casual Dress Pants | | 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Sweat Pants | | 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Jeans | | 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| Shorts | | 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Eye glasses, if needed  (2 pairs recommended) | | 2 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **School Supplies** | | **Max Allow’d** | **# Packed** | **# Rec’d** | **In Possession** | **In Storage** | **# Packed (exiting)** | **Night Supplies** | **Max Allow’d** | **# Packed** | **# Rec’d** | **In Possession** | **In Storage** | **# Packed (exiting)** |
| Notebook | |  |  |  |  |  |  | Pajama Pants | 2 |  |  |  |  |  |
| Loose Leaf | |  |  |  |  |  |  | Slippers | 1 |  |  |  |  |  |
| Binders | |  |  |  |  |  |  | Bathrobe | 1 |  |  |  |  |  |
| Duo Tangs | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pens | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pencils | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Calculator | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Backpack | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Outdoor Wear** | | **Max Allow’d** | **# Packed** | **# Rec’d** | **In Possession** | **In Storage** | **# Packed (exiting)** | **Foot Wear** | **Max Allow’d** | **# Packed** | **# Rec’d** | **In Possession** | **In Storage** | **# Packed (exiting)** |
| Caps/Hats | | 1 |  |  |  |  |  | Casual Shoes | 1 |  |  |  |  |  |
| Summer/Fall Jacket | | 1 |  |  |  |  |  | Athletic Shoes | 2 |  |  |  |  |  |
| Winter Jacket | | 1 |  |  |  |  |  | Sandals | 1 |  |  |  |  |  |
| Wind Breaker | | 1 |  |  |  |  |  | Swim Shoes | 1 |  |  |  |  |  |
| Touque | | 1 |  |  |  |  |  | Rubber Boots | 1 |  |  |  |  |  |
| Gloves | | 2 |  |  |  |  |  | Winter Boots | 1 |  |  |  |  |  |
| Scarf | | 1 |  |  |  |  |  | Steel-toed Work Boots | 1 |  |  |  |  |  |
| Swim Trunks | | 1 |  |  |  |  |  | Work Shoes | 1 |  |  |  |  |  |
|  | |  |  |  |  |  |  | Skates |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Personal Items** | | **Max Allow’d** | **# Packed** | **# Rec’d** | **In Possession** | **In Storage** | **# Packed (exiting)** | **Bathroom Supplies** | **Max Allow’d** | **# Packed** | **# Rec’d** | **In Possession** | **In Storage** | **# Packed (exiting)** |
|  | |  |  |  |  |  |  | Toothbrush |  |  |  |  |  |  |
|  | |  |  |  |  |  |  | Toothpaste |  |  |  |  |  |  |
|  | |  |  |  |  |  |  | Floss |  |  |  |  |  |  |
| Ipads | |  |  |  |  |  |  | Electric Razor only | 1 |  |  |  |  |  |
| Iphones | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ipods | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Headphones | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Earbuds | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Musical Instruments | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sports Gear | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suitcases | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Flashlight | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |