



## Consent to Care Form

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to enable staff to assist a participant with physical needs. Questions about this collection should be directed to the City's Freedom of Information Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, by phone at 905-436-3311 or by email at [clerks@oshawa.ca](mailto:clerks@oshawa.ca).

I, \_\_\_\_\_ give the city of Oshawa Recreation Services staff permission  
(Print Name of Parent/Guardian)

to assist my child, \_\_\_\_\_ with the following needs listed below.  
(Print Name of Child)

- Dispense Medication
- Toileting Needs:
  - Getting on/off toilet
  - Changing diapers
- Changing/Dressing (i.e. assist in putting on bathing suit for swimming)
- Transferring/Mobility (i.e. from a wheelchair to a regular chair)
- Other

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- Special Instructions

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Parent/Guardian Signature	Date
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