

PLAST TORONTO BRANCH COVID-19 VACCINATION DISCLOSURE AND EXPRESS CONSENT FORM

This document is an express consent for the collection, use and disclosure of COVID-19 vaccination status information, which includes the date and location for each vaccine dosage in relation to COVID-19. By giving consent, you are giving permission to Plast Toronto to collect, use and disclose your personal information for the following purposes:

- To take all reasonable precautions for health and safety of our employees, volunteers and members, and others in the workplace/location of Plast Toronto activities;
- To make decisions about staffing and program modifications, particularly where employees, volunteers or members must directly interact with co-workers, volunteers, members, contractors, and others;
- For administering Plast Toronto's COVID-19 Vaccination Policy, including to determine eligibility for participation in in-person activities;

Your information is being collected, used and disclosed pursuant to Plast Toronto's COVID-19 Vaccination Policy. This information will only be retained for the duration necessary.

EXPRESS CONSENT

I hereby agree and consent that Plast Toronto may collect, use, and disclose my COVID-19 vaccination status information for the purposes of its Covid Vaccination Policy as described above.

EXPRESS AGREEMENT

I hereby agree that I will not attend any Plast Toronto in-person activities until such time that I have provided proof of vaccination as noted in the policy above.

VACCINATION STATUS DISCLOSURE

I hereby attest that I have received fully vaccinated with a Health Canada approved vaccine and I have

- A) provided a copy of a valid Covid Vaccine certificate to Plast Toronto Branch via
- an electronic copy via email to toronto.stanycia@plastcanada.ca submitted on ____/____/2021
 - a paper copy submitted on ____/____/2021
- B) shown a valid certificate on ____ / ____ / 2021 to Plast Toronto's
- Executive Director
 - VP of Programming / VP Governance
 - Scouting Leader (Referent UPN or UPU, Oseredkovyj/a USP or UPS or designate)

NAME: _____ DATE: _____

SIGNATURE: _____
(Parent or Legal Guardian if under 18 years of age)

FOR ADMIN USE ONLY

REC'D BY:		SIGNATURE:	
CONFIRM METHOD/ DATE:	A – EMAIL DATE	A – HARD COPY DATE	B – SHOWN DATE