

HEALTH AND CONSENT FORM

(for participants under 18 years of age)

A. PARTICIPANT'S PERSONAL INFORMATION *(please print)*

Surname: _____ Given name: _____ Sex: _____

Age: _____ Birth date (Y-M-D): _____ Health card no. (recommended): _____

Home address: _____

City, postal code: _____ Phone: () _____

B. EMERGENCY CONTACT IN CASE OF ILLNESS

DAY – Name: _____ Relationship: _____ Phone: () _____

NIGHT – Name: _____ Relationship: _____ Phone: () _____

Family doctor's name: _____ Doctor's phone: () _____

C. PERSONAL MEDICAL CONDITIONS AND SPECIAL NEEDS *(attach further information if necessary)*

1. Does the participant have any allergies?* (check ✓ for 'yes')

Insect Plant Food Drug Other

2. Do any of the following medical conditions apply to the participant? (check ✓ for 'yes')

Diabetes Rash Asthma Epilepsy Heart condition Recent illness/operation

Contact lenses Other

3. If you have checked ✓ any of the boxes in questions 1 and 2 above, please provide details:

4. Will this participant be on medication while at the field centre? (If yes, please describe.)

5. Describe any food restrictions (e.g., religious, vegetarian, etc.).

6. Describe any night-time problems.

***Note: Participants with anaphylactic conditions must be accompanied with two epipens and a copy of the medical response plan.**

D. CONSENT OF PARTICIPATION

I, the parent/guardian of the above participant (participant's full name) _____, give consent for him/her to participate in a field trip at the Albion Hills Field Centre from (date) _____ to (date) _____.

In case of emergency, if I cannot be reached, an alternative adult whom I have asked to be on call and who is willing to be temporarily responsible for my child is:

Full name: _____ Phone (day): () _____ Phone (night): () _____

Address: _____ City, postal code: _____

Full name of parent/guardian: _____ Relationship: _____

Signature of parent/guardian: _____ Date: _____

The above information is collected under the Conservation Authorities Act. It will be held in confidence during the stay of the participant and returned after the visit. If you have any questions regarding the collection and use of this information, please contact the field centre supervisor.