

# 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 Lake St. George 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.*