

# 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. (optional): \_\_\_\_\_

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 Municipal Freedom of Information and Protection of Privacy Act.*

*If you have any questions regarding the collection and use of this information, please contact the field centre supervisor.*