



**Medical Screening and Health Information Form - Overnight Trips**



We ask participants to provide accurate health and medical information because of the moderate to vigorous physical intensity of our programs. Activities may include walking across the Brock campus throughout the day, stretching, jumping, reaching or engaging in physical exertion which is atypical of daily routine. Outdoor activities occur in most weather conditions. Additionally, feeling stressed may increase perceived level of exertion and accelerate fatigue.

**Basic Information**

Name of Participant:	Date of Birth:
Name of Group:	Date(s) of Program:

**Contact Information** (participants over 18 years of age or caregiver for minors)

Daytime phone:		Evening phone:	
Email:			

**Medical Screening**

Participants with some underlying medical conditions may put themselves at greater risk of injury or illness during certain activities. Please read the questions carefully and answer each one honestly.

**Check all the boxes that apply to you:**

- Diagnosed heart condition AND have been advised to only do physical activity that is recommended by your physician
- Pregnancy
- Atlantoaxial instability
- Kidney or liver transplant
- Experience chest pain when doing physical activity
- Have experienced chest pain in the past month when NOT doing physical activity
- Have a bone or joint problem that could be made worse by physical activity
- Have been advised by a physician to limit physical activity for any reason
- Concussion AND not yet fully returned to unrestricted physical activity

*Speak with your doctor if you checked any of the above conditions. Tell your doctor about which condition(s) you checked and the types of physical activities included in a challenge course program. When there is some concern about the ability to participate for health reasons, a medical examination may be advisable. Brock University is not liable for any costs incurred during such an examination.*

## Health Information

(please check if you have any of the following conditions)

- Asthma (remember to bring inhalers as required)
- Seizures
- Diabetes
- Allergies – complete below... (Remember to bring epi-pen(s) as required)

What is the allergy?	What is the reaction?	What is the treatment?

## Dietary Restrictions

List foods you cannot eat:

## Additional Information

Please list other medical, emotional, behavioural, family or learning challenges that we should know about in order to best support your stay at Brock University

## Accessibility for Persons with Disabilities

Brock University is committed to accessibility for all people.

What accommodations would be helpful to you?

## Photo Release

Occasionally Youth University will take photos for promotional purposes

\_\_\_\_ I give permission for photos or videos of my child to be used by Youth University for promotional purposes

## Emergency Contact

Name of Emergency Contact			
Relationship:			
Home Phone:		Cell Phone:	

Brock University protects your privacy and your Personal Information. The personal information requested on this form is collected under the authority of the Brock University Act, 1964, section 3 and in accordance with the Freedom of Information and Protection of Privacy Act ("FIPPA"). The information will be used to screen participants for adventure-based activities. Direct any questions about this collection to Hannah Dabrowski, of Youth University at Brock University at (905) 688-5550, ext. 5779 or see [www.brocku.ca/youth-university/](http://www.brocku.ca/youth-university/)