

Health Information Form

Youth University Spring Educational Trips

The safety of our participants is our number one priority. All of our staff are trained in risk management procedures and have received first aid certification. We insist that all safety procedures outlined by our staff be strictly followed at all times during camp. Youth University trips may include activities that involve stretching, jumping, reaching or engaging in physical exertion which is untypical of your child's daily routine. We request that participants inform us of any health or physical concerns which may be impacted through our program and complete the enclosed health and safety information sheet prior to arrival. All health information will be held in strict confidence by Youth University. If you have any questions, please do not hesitate to call us.

The person indicated on this form is a:

☐ Student

☐ Teacher

☐ Chaperone

☐ Principal

Participant	Student Name:		School:	
	Parent/Guardian Name (s):			
	Parent/Guardian Phone Number #1		Parent/Guardian Phone Number #2	
	Age:		Gender:	

Emergency Contact	In case of emergency please notify:		
	Name:		Relationship:
	Telephone: Home	Work	Other
	Name:		Relationship:
	Telephone: Home	Work:	Other:

Has the participant been treated for any of the following? Please check:

General Health	Heart Condition	High Blood Pressure	Diabetes
	Current Liver/Kidney Trouble	Recent Head Injury	Chronic Joint Problems
	Severe Headaches	Chronic Ear Problems	Severe Asthma
	Back Pain/Problems	Fainting Spells/ Seizures/ Epilepsy	Sun Sensitivity
			Mono
	Relevant details:		

For the safety of other participants, please do not bring any food products containing nuts to the program

Does the participant have any allergies?

Allergies	Drugs - Please specify		Food - Please specify	
	Nuts - Please specify		Stinging insects	
	Other allergies or suspected allergies, specify			
	Epipen Required? YES NO		Type of Reaction, Severity and Treatment:	
	<input type="checkbox"/> Additional information attached? (Check if yes)			

Youth University Instructors are not trained physicians, and therefore unable to diagnose or predict possible health complications, including those related to the conditions noted above. Please seek advice from your physician if you have any concerns about the participant's physical and/or mental health relating to their participation in this program.

Medication

The participant is currently taking/will bring the following prescribed medication to the program:

List type and dosage:

****Please inform your child's teacher (if applicable) if they will be bringing medication to the program. Our camp policy does not allow us to supply or administer any medications, including those for emergency situations. If any medical situations arise, participants will be transferred to a clinic or hospital as deemed appropriate.**

Other Information

Does the participant have other medical (illnesses, diseases, hospitalizations) emotional, behavioural, family (divorce, death) or learning challenges, not already indicated on this form that may impact their stay at Brock University, and that the program manager should be aware of? For specific problems of a confidential nature or where more information is required, please enclose a letter addressed to the manager.

Assumption of Risk and Responsibility

Participants and their parents are each asked to read and initial all of the following statements:

Guardian Initials	Participant Initials	
		I agree to notify Youth University of changes to my health and fitness that occur during the program.
		I agree to follow all instructions given by the staff and to act safely and responsibly at all times.
		I am sufficiently fit (socially, mentally, physically) to participate in this program.
		I have completed this health form, with information that is accurate, complete and true to the best of my knowledge
		I accept the fact that neither Brock nor its staff can guarantee my total safety as some risks are beyond their control.
		I fully comprehend and willingly assume the risks and responsibilities of participating in this program.
		I understand that photographs or videotapes of my child may be used by Brock University for promotional purposes.
<p>I have read the above information, and agree to the terms outlined in the Assumption of Risk and Responsibility.</p>		
Participant's Signature		Date
Parent/ Guardian Signature		Date

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, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) section 39(2) for the administration of the University and its programs and services. Direct any questions about this collection to the department below.

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