

Youth University Health Information Form

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 programs. Youth University programming may include activities that involve stretching, jumping, reaching or engaging in physical exertion which is untypical of your 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.

***Important! Only participants that have a signed waiver form the day of the program will be able to participate in all activities.**

Participant	Participant Name:			Group Name:		
	Address:					
	Postal Code:		Age:	Gender: M/F	Ontario Health Card No:	
	Parent/Guardian Name (s)			Parent/Guardian Phone Number #1		
Parent/Guardian Phone Number #2						

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

General Health	Has your child been treated for any of the following? Please check:					
	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:						

In the event of an accident or apparent illness, I/we irrevocably authorize Youth University staff to secure emergency medical services and treatment if, in their judgment such services or treatment are necessary. I understand that in the event of a medical emergency every effort will be made to contact a parent or a guardian.

Name:

Signature:

Date:

I have seen and read page 1 and page 2



Brock University

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

Does your child 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:

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

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.
<p>I understand that photographs or videotapes of my child may be used by Youth University for promotional purposes.</p> <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 (if participant is under 18)		Date

We run rain or shine - remember to dress appropriately and don't forget your sunscreen, water bottle, comfortable clothing, and close toe shoes! We look forward to your visit.

Should you wish further information you can visit our website or feel free to contact us.

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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