



Consent and Medical Form Returning Participants

Enrollment at Trails Youth Initiatives can not be completed until our office has received this form

PART I: General Information (To be completed by applicant and parent/guardian)

Participant Information:

Participant Name: _____ Date of Birth: *day / month / year*

Sex: M F Other - Please specify: _____

Address: _____ City: _____ Postal Code: _____

Home #: (____) ____ - _____

Custody/Living Arrangements: Both parents/guardians Shared custody Sole custody

Health Card #: _____ version code: _____

*If the participant does not have a current Ontario Health Card a copy of their medical insurance must be attached to cover any medical care outside of Trails.

Parent/Guardian Information:

Household Contact(s); Name(s): _____ Relationship: _____

Address: _____ City: _____ Postal Code: _____

Home #: (____) ____ - _____ Cell #: (____) ____ - _____

Business #: (____) ____ - _____ Email: _____

Emergency Contact: Person notified and to whom we can release the participant if parent/guardian is not available.

Name: _____ Relationship: _____

Address: _____ City: _____ Postal Code: _____

Home #: (____) ____ - _____ Cell #: (____) ____ - _____

Family Physician: Name: _____ Phone: (____) ____ - _____

Address: _____ City: _____ Postal Code: _____

PART II: Medical History

PLEASE INCLUDE A PHOTOCOPY OF THE PARTICIPANTS HEALTH CARD (you may also email a photo to admin@trails.ca)

1. Over the year have there been any changes in their health, and if so what are they?
2. What medication does your child take? (Drug name, dosage amount, frequency, and purpose)
3. Are your child's immunization records (e.g. tetanus, etc.) current and up to date?



4. Does your child have any new food allergies/sensitivities, and if so what are they?

5. Is there any other health information Trails should be aware of regarding your child?

6. Does Trails have your permission to administer the following non-prescription medications to your child, according to the package instructions, participant's age and weight as required?

| | | | |
|-------------------------|--|-----------------------------|--|
| Acetaminophen (Tylenol) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cough Medicine | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ibuprofen (Advil) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Polysporin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antihistamine | <input type="checkbox"/> Yes <input type="checkbox"/> No | Antacid (Tums, Maalox etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Throat Lozenges | <input type="checkbox"/> Yes <input type="checkbox"/> No | Calamine Lotion | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PART III: Parent/Guardian Consent and Release (to be completed by parent/guardian)

By signing this form, I/we give consent for the participant to attend Trails Youth Initiatives including any sponsored field trips. To the best of my/our knowledge, the information on this form is accurate and the participant is in good physical, mental and emotional health. I/we acknowledge that the participant may be sent home for any behavioural or medical issues that Trails Youth Initiatives is not prepared to accommodate. In addition, should an emergency situation occur, I/we give permission for any emergency anesthesia, operation, injections, hospitalization or other treatment that might be necessary for the participant while under the care of Trails Youth Initiatives. I/we agree to notify Trails Youth Initiatives immediately should the participant become exposed to any infectious diseases or viruses prior to their departure for each programme time. I/we give permission for Trails to share the health information within this form with appropriate staff.

| | |
|---|---------|
| I/we also give permission for the participant to enroll in the High School Credit Program at Trails Youth Initiatives. | Initial |
| In addition, I/we give permission for Trails Youth Initiatives to use any stories and/or photographs, in which the participant appears, for promotional purposes. | Initial |

I/we commit to supporting the participant's participation at Trails Youth Initiatives for the full length of the four-year programme.

Participant's name (please print): _____ Date: day / month / year

Parent/Guardian's Name (please print): _____ Signature: _____

Parent/Guardian's Name (please print): _____ Signature: _____

Please **return this form, the TDSB 2 way consent form & your \$100 annual contribution to Trails by: May 1st, 2020**