



School of Extended Studies

***Please return *Participant Information Form* to the instructor on the first day of the class.**

Participant Information Form

Name of Participant: _____ Birth Date: _____
Address: _____ Postal Code: _____
Name of program/camp: _____
Location: _____ Start Date: _____

Name of Parent/Guardian:
Home Phone #: _____ Work #: _____ Cell Phone #: _____
Home Phone #: _____ Work #: _____ Cell Phone #: _____

Emergency Contact: (Different than Parent/Guardian)
Name: _____ Relationship to Participant: _____
Home Phone #: _____ Work #: _____ Cell Phone #: _____

Health Information

Health Card #: _____ Family Doctor: _____ Ph#: _____
Does the participant have a disability or require support? **Yes** _____ **No** _____

If yes, please specify and include any information our staff may need to know by calling the School of Extended Studies at NSCAD Port Campus.

Medication/Allergies

- Does the participant require medication? Yes _____ No _____
If yes, please specify: _____
- Do you require medication to be administered or stored by staff during the program?
Yes _____ No _____
- Does the participant have any allergies? (Food/drug/environmental, etc.)
Yes _____ No _____
- If yes, please indicate each and the treatment required: _____
- Does the participant have a life-threatening allergy? (Anaphylaxis)
Yes _____ No _____
- Does the treatment for this allergy involve the use of an epi-pen?
Yes _____ No _____
- If yes, does your child carry and epi-pen?
Yes _____ No _____

Parent/Guardian Signature: _____

Pick Up Arrangements

1. I, _____, hereby authorize the following, to pick up the participant each day. If there are any changes in these arrangements, I will let the program staff know (in writing) in advance.

Name: _____ Phone #: _____

Relationship to participant: _____

Name: _____ Phone #: _____

Relationship to participant: _____

2. Is the participant permitted to walk home at the end of the program each day?

Yes _____ No _____

Parent/Guardian Signature: _____

1. I hereby authorize staff to secure such medical advice and services as may be deemed necessary for the health and safety of the participant.

Parent/Guardian Signature: _____

2. I have read, understood, and discussed with my child(ren) the Program Behavior Policy and Procedures.

Parent/Guardian Signature: _____

3. I hereby authorize NSCAD University School of Extended Studies to use pictures of the above mentioned program participant to display on the NSCAD website and other promotional publications.

Parent/Guardian Signature: _____

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Updated Feb 2010

If the program participant requires NSCAD University Program Staff to administer or store medication (prescription or non-prescription) to remain in attendance, please obtain the necessary medical forms from your community recreation centre. These forms need to be filled out by a parent/guardian and family doctor, and returned to the centre prior to the start of the participant's program.