

ACCA Co-operative Youth Leadership Program Summer Participant Health Report

IMPORTANT: Health Form must be returned by June 15th or upon registration if after that date
Please ensure it is filled out completely and accurately. Participants cannot attend the program without a current health form on file prior to attending.

PARTICIPANT INFORMATION: *(print clearly)* Program: (circle) GRAD PRETEEN TEEN YOUTH

Name: _____ Birthdate: mm/dd/yyyy _____

Home Address: _____ Gender: Male Female

City/Town: _____ Province: _____ Postal Code: _____

PARENTS / GUARDIANS & EMERGENCY CONTACTS: *(print clearly)*

<u>1st Contact:</u>	<u>2nd Contact:</u>	<u>3rd Contact:</u>
First & Last Name: _____	First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Home #: _____	Home #: _____	Home #: _____
Work #: _____	Work #: _____	Work #: _____
Cell #: _____	Cell #: _____	Cell #: _____

Participants Health Card #: _____

DIETARY RESTRICTIONS: Vegetarian Vegan Lactose Intolerant Gluten Free
 Other dietary restrictions

ALLERGIES

Indicate type: drug, food, environmental, insect etc.	Allergen (be specific) If food, is the allergy via contact or ingestion	Type & Severity of Reaction	Management / Treatment / Medication

ASTHMA

Does your child suffer from asthma? __No __Yes If yes, indicate severity? __Mild __Moderate __Severe

What are the triggers for these attacks? _____

MEDICATIONS:

***** All prescription and over-the-counter medications must be left with the authorized ACCA staff while at the program *****

Prescription medications must be in their original container or pharmacy issued blister packs and must be labeled with the doctor's name, child's name, dosage, schedule, route and date. Over the counter medications must be in the original container with proper labeling.

Is your child currently on any medication (prescription or homeopathic)? No Yes

If yes, what? _____

How and when is this medication administered? (be specific on dosage amount and specific time of day it is taken)

OVER-THE-COUNTER MEDICINE:

If deemed necessary (ie. headaches, menstrual cramps etc) by the authorized ACCA staff, please check (✓) if you approve the use of the following over-the-counter medicine.

Tylenol (Acetaminophen) Advil (Ibuprofen) Gravol Benadryl (antihistamines)

If NO, what would be an appropriate alternative? _____

MEDICAL CONDITIONS: Check (✓) if your child has or has had any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> epilepsy / seizures | <input type="checkbox"/> nosebleeds | <input type="checkbox"/> bedwetting |
| <input type="checkbox"/> fainting / dizziness | <input type="checkbox"/> nightmares | <input type="checkbox"/> sleep walking |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> ear trouble | <input type="checkbox"/> eye trouble |
| <input type="checkbox"/> frequent stomach aches | <input type="checkbox"/> sprains or strains | <input type="checkbox"/> fractures |
| <input type="checkbox"/> frequent headaches | <input type="checkbox"/> migraines | <input type="checkbox"/> under/over eating |
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> motion sickness |
| <input type="checkbox"/> other: | | |

If your child has or had any of the above, please give details. Does it affect their ability to participate in activities? If so, how? _____

FEMALE PARTICIPANTS: Has this girl menstruated? Yes No

If not, has she been told about menstruation? Yes No

OTHER: please detail any other medical information of use to ACCA staff: _____

It is the responsibility of the participant or the parent/guardian, if participant is less than 18 years of age, to inform ACCA of any changes regarding the above stated health information prior to the program. To the best of my knowledge the information provided in this Health Report is complete and accurate.

Signature of parent/guardian

Date

CONSENT AND RELEASE

Before signing this document, please be sure that you read it fully and that you understand it. If you have any questions, please call 780-991-4620

Consent to Participate and Acceptance of Risk

1. By signing this document, I give permission for my child or children or the child or children of whom I am Guardian, (all of whom I will refer to here as "my child"), to participate in the ACCA Co-operative Youth Program of the Alberta Community and Co-operative Association and participate in 'Koda's Challenge' Ropes Course at Goldeye Centre.
2. I understand that by participating in the ACCA Co-operative Youth Program and 'Koda's Challenge' Ropes Course, my child may:
 - be exposed to risks and dangers, which include, but are not limited to: natural events such as lightning, accidents, illness, sport participation hazards and allergic reactions; and
 - need medical or surgical treatment. If my child needs medical or surgical treatment, ACCA will make every reasonable effort to contact me or the emergency contact person listed on my child's Health Report. If I or the emergency contact person cannot be reached, or if there is insufficient time to make contact, I give permission for ACCA staff to decide which steps must be taken for the welfare or the safety of my child.
3. **I understand that ACCA does not provide any over-the-counter (OTC) medications. If I want any OTCs to be given to my child, I must provide ACCA with these OTCs as well as a written schedule and dosage allowance.**
4. **I understand that if my child requires any prescription medication, I must provide this medication to ACCA, in its original packaging or accompanied by the pharmacist's label.**
5. I understand that all of the medication, OTC or prescription, which I provide to ACCA, is kept in the First Aid cabin and that my child is responsible for requesting that medication and administering it to themselves.
6. I understand that if my child normally carries their own medication with them (for example, an asthma inhaler or an Epi-pen), **I must request in writing** that my child be allowed to keep possession of, and be responsible for, that medication.
7. I accept all risks arising from my child's participation in the ACCA Co-operative Youth Program and 'Koda's Challenge' Ropes Course, and I take full responsibility for, any personal injury to my child.
8. If medical attention is provided and it results in an expense to ACCA, I am responsible for the expense.
9. I also take full responsibility for all damages caused by my child and all damages to the belongings of my child, however caused.

***At ACCA, we are trying to be more environmentally conscious. Email or mail pages 1,2,& 4 of the health & consent form. Please do not do both.**

Consent for ACCA to Use Recorded Images, Sounds & Personal Information

- 10. I give permission to ACCA, the ACCA Co-operative Youth Program to use any photographs, slides or videos of my child's likeness, and any quotes of my child's words, participating in their programs for the purposes of marketing, promotion and display.
- 11. You are providing consent that the personal information you provide on your child/children's behalf is being collected under the authority of the Personal Information Protection Act of the Province of Alberta. It will be used for the purposes of gathering information for use in mail-outs and administration of this youth program.
- 12. I understand the materials that may be given out during the program cannot be put on public Internet sites such as Facebook, Snapchat, Twitter, Instagram etc and may not be duplicated due to copyright laws.

Release

- 13. In consideration of my child being accepted into and being allowed to participate in the ACCA Co-operative Youth Program and 'Koda's Challenge' Ropes Course, I release and forever discharge ACCA, Goldeye Centre and all of its staff, volunteers, agents, independent contractors and anyone to whom it is responsible in law, from all manner of action, claim or demands arising from any injuries to my child, however caused, and I indemnify ACCA for any damages that might be caused by my child.
- 14. My child and I have fully read and fully understand this document. We have also read the Standards of Behavior document and understand if these Standards of Behavior are not met, participants will be sent home at their expense and will be required to repay the sponsor's portion.

Signature of Parent or Guardian

Date

Submit completed health form by email or mail by June 15, 2018

ACCA Co-operative Youth Leadership Program
#289, 4819C-48th Avenue
Red Deer, AB T4N 6J4
info@acca.coop

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