

INSTRUCTIONS

1. The information on this form may be used by and shared with 4 Directions representatives or medical personnel to:
 - a. Support the health and safety of your child/ward.
 - b. Administer or authorize appropriate first aid, medical attention or additional support for your child/ward
 - c. Obtain your permission on who is authorized to pick-up your child/ward.
2. Your child’s/ward’s health form is reviewed only by Trip Leaders. If necessary it will be shared with other 4 Directions staff or volunteers on a need-to-know basis. If your child/ward has any challenges that may require additional supports, please provide information on how we can best support them.
3. This form is kept by us for a period of one year. Any updates to your child’s/ward’s contact information, health, medications or requirements for additional support must be provided by you. Throughout the year you may be asked to review this form or supply a new one if your child/ward attends additional 4 Directions events.

PART 1 – CONTACT INFORMATION

Participant’s Name: _____ Birthdate: ____/____/____
First Name Last Name DD MM YY

Address: _____ Home Phone: _____
Apt/Unit Street City/Town Province

Cell Phone: _____

Parent/Guardian Name: _____ Home Phone: _____
First Name Last Name

Cell Phone: _____ Work Phone: _____ Email: _____

Address (if different from Participant): _____
Apt/Unit Street City/Town Province

Emergency Contact Name: _____
First Name Last Name Relationship to Participant

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Family Doctor Name (Optional): _____ Phone #: _____

Provincial Insurance (Optional): _____

PART 2 – ALLERGIES & DIET

Does your child/ward have any allergies? YES NO If Yes, please explain:

Food Allergy	Life-Threatening?	Other Allergy (insect/environmental, etc.)	Life-Threatening?
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

Does your child/ward need to keep with them an allergy medication such as an Epi-pen or asthma inhaler?
 YES NO If yes, please specify: _____

Does your child/ward have any dietary or food restrictions? YES NO If yes, please explain:

If more space is needed, please attach additional information.

PART 3 – HEALTH / ACCOMMODATIONS

Participant’s Name: _____

Please indicate if your child/ward has any of the following:

- Headaches
 Ear trouble
 Nightmares
 Bed wetting
 Sleepwalking
 Asthma
 Recent illness
 Cognitive or behavioural challenge
 Mental health challenge
 Physical disability
 Contact lenses
 Glasses
 Chronic health condition (e.g. Arthritis, diabetes, epilepsy, etc.)
 Motion sickness
 Other – please specify:

What accommodations, additional supports, or modifications would assist your child’s/ward’s participation?
 If more space is needed, please attach additional information.

PART 4 – MEDICATIONS

Due to the remote locations of our activities, 4 Directions Trip Leaders may provide your child/ward with the following medication at their discretion: **Tylenol (acetaminophen), Advil (Ibuprofen), Benadryl (diphenhydramine)** or their generic equivalents. **IF YOU DO NOT WANT THESE MEDICATIONS AVAILABLE TO YOUR CHILD/WARD, YOU MUST INFORM US IN WRITING PRIOR TO THE ACTIVITY.** You must provide a list on the Medication Plan and Administration Record (MPAR) of any medications that your child/ward will need when attending a 4 Directions activity or event. All medication listed on the MPAR **MUST BE PROVIDED BY THE PARENT/GUARDIAN.** Other than the medications indicated above, your child/ward will not be given any medication that is not provided by YOU. **Any medication (over-the-counter and/or prescribed) required by your child/ward must be brought by them in original packaging with dosage instructions and clearly labelled with their name.** Medications are to be given to the Trip Leader upon arrival at the activity/event/camp for storage. The Trip Leader will supervise the taking of medication by participants according to instructions provided. Participants must be willing to take their medication.

PART 5 – CONSENT

Every care and attention will be given to the health and comfort of the participant.

I hereby consent to and authorize 4 Directions Coop. and its representative(s) to: share information, and provide first aid, and/or obtain medical care and services (e.g. contacting EMS/ambulance) as needed using their best judgment for the health and safety of myself and/or my child/ward during 4 Directions activities. I agree to accept financial responsibility in excess of the benefits allowed by my provincial/territorial health plan.

 Signature of custodial parent/guardian _____
Date (DD/MM/YY)

PERMISSION TO PICK UP PARTICIPANT

4 Directions strives to provide the safest possible environment for your child/ward. In keeping with that goal, after 4 Directions activities your child/ward:

a. Has my permission to make their own way home. PLEASE INITIAL: _____

b. May be picked up by one of these three people (in addition to myself and the Emergency Contact listed on this form):

Name	Phone
1.	
2.	
3.	

If there is a need for someone other than those listed above to pick-up your child/ward, please inform the Trip Leader in writing. In an emergency situation, if no one is available, the Trip Leader will use their judgment to provide a resolution to the situation. Please initial: _____

**Please note that individuals on the list may be required to show photo ID if they are not known to the Trip Leaders.*