



“CEC Educational Programs”

Medical Information and Consent Form (2 pages) – Please Print

This form should be read thoroughly. Please complete in full and to the best of your ability. It must be signed by the participant (youth and adults) who will be participating in any Canadian Ecology Centre (CEC) Educational program(s). Parent/guardian signature is required for participants under 18 years of age.

Personal information on this form is collected under the authority of the *Not-for-Profit Corporations Act (ONCA)* and *Personal Information Protection and Electronic Documents Act (PIPEDA)* and will be used only by the Canadian Ecology Centre for program planning, emergency contact purposes and to respond to medical situations in the event of injury or illness. Personal information will be shared with emergency services or other medical staff as required.

All personal information gathered will be stored in a secure location at the Canadian Ecology Centre and is destroyed within 1 year from the program start date and month. *Any questions regarding the collection of information please contact the General Manager and/or the Director of Education at the address above. You can also contact us via (phone) 1-888-747-7577 or (email) info@canadianecology.ca.*

Visiting Group Name:		Date of Visit (dd/mm/yy):	
Participant’s First Name:			
Date of Birth (dd/mm/yyyy):		Age at time of visit:	
Participants Address:		Hometown:	
Emergency Contact Name:		Day time Contact Number:	
Relationship to Participant:		Evening Contact Number:	
Family Physician Name (optional)		Physician Phone # (optional)	

Section 1: Pertinent Medical and Personal Health Information (please attach additional information if required):

Please check off YES or NO to the following. Do you or have you suffered from any of the following (please check ALL that apply):

	YES	NO		YES	NO		YES	NO
Frequent Colds	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Problems	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	UTIs	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition(s)	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heat /Sun Sensitivities	<input type="checkbox"/>	<input type="checkbox"/>	Low blood sugar or Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Ear Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Fainting or Dizzy Spells	<input type="checkbox"/>	<input type="checkbox"/>	Haemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Severe Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	Concussion or Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	Chronic joint/muscle pain	<input type="checkbox"/>	<input type="checkbox"/>	Sight impairment	<input type="checkbox"/>	<input type="checkbox"/>
Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	Eye Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>

Recent Surgery/Illness **Date and Relevant Details:** _____

Allergies **List and Severity of Reaction:** _____

(food, medication, environmental, etc...)

- Yes**, I will have an Epi-pen with me during the visit **No**, I will not be bringing an Epi-pen

*Participants who have **life threatening allergic reactions** to common allergens (bees/insect stings, food, medication, etc...) **are required to bring 2 Epi-pens and MUST have on them at all times at least 1 Epi-pen.**

- Are there any other medical conditions (physical or mental) not mentioned above that could limit or affect the participation in the Canadian Ecology Centre program or that we should be aware of? (attach additional sheets if needed):
- Please list any DIETARY needs and/or FOOD ALLERGIES:

Assumption of Risk:

The safety and well being of each participant in our educational programs is of paramount importance to the staff at the Canadian Ecology Centre. We seek to take reasonable care and precautions to ensure a positive and meaningful educational experience. The following acknowledgment and release is a requirement of both insurance coverage and participation. It is also an important reminder to you as a parent, guardian and/or participant of the inherent risks of participation and the participants' responsibility to follow all CEC policies/ procedures, code of conducts and safety instructions while visiting the Canadian Ecology Centre.

Educational activity programs that are being offered involve certain elements of risk. Accidents may occur while participating in these activities. By choosing to participate in the activity, I am assuming the risk of an accident occurring.

I acknowledge that:

- o I/we will screen my child for COVID prior to departure using the government of Ontario school screening tool, and will not allow my child to travel to the Canadian Ecology Centre if they fail the COVID-19 screening
- o I/we confirm that I am aware, understand and agree to allow my child to participate in the programs offered by the Canadian Ecology Centre given that the risk(s) of contracting COVID-19 cannot be completely eliminated.
- o I/we confirm that I am aware, understand and agree to follow all current regulations, guidelines in order to help stop and/or prevent the spread of COVID 19 and am aware that new rules, regulations and/or guidelines may be added at any time under the direction of local health and/or government authorities.
- o I/we confirm, understand and agree that should the program be cancelled while in session due to an outbreak, changes to government stages of reopening or other events outside our control, no reimbursement or transfer of funds will be provided.

I acknowledge that:

- I. Some aspects of the program may be physically and mentally demanding
- II. Participation in the program may bring myself into contact with known or unknown allergens as well as at risk activities and/or situations
- III. Participation in the program may bring myself into contact with various weather and environmental conditions and hazards
- IV. It is my responsibility to inform myself of the potential risks and injuries that I could encounter as a result of my participation in the program
- V. During the duration of the program, I will be traveling on-site and within Samuel de Champlain Provincial Park (via foot travel on trails/roads) as well as possibly biking on paved/gravel roads and/or canoeing (if requested as an activity option)
- VI. I may be traveling in areas that are considered to be in a wilderness setting where medical assistance may not be readily available and I assume the consequences of care given in this environment
- VII. It is my responsibility to carry medical insurance and/or a valid Provincial Health Insurance number. I fully understand that I will be responsible for all costs and expenses in the event of an illness, disease, injury or other mishap or incident.
- VIII. I have and will inform the Canadian Ecology Centre of any injury, illness, disease or other medical condition and/or symptoms prior to and during the duration of the program
- IX. I give consent and permission for the Canadian Ecology Centre to transport me (the participant) to medical professionals as necessary in the case of injury, illness, mishap or accident during the duration of the program.
- X. I give consent and permission for the Canadian Ecology Centre to administer first aid treatment, and in the event of a life-threatening emergency, injection of epinephrine and a non-prescription dose of oral anti-histamine.
- XI. I am aware that photographs and videos may be taken of myself (the participant) by the Canadian Ecology Centre and other participants. I consent to have this material used by the Canadian Ecology Centre for purposes to be presented in digital slideshows, presentations, websites and other promotional materials. No participant names will be identified on promotional materials. I will notify the Canadian Ecology Centre in writing if I do not consent to above in section XI.

I confirm that I am in good physical and mental health. I undertake to abide by the rules, directives and guidelines of the Canadian Ecology Centre and to indemnify the Canadian Ecology Centre, their affiliates, directors and Board of Directors and their personnel from any loss, damage, injury or death caused as a result of my actions, deliberate or otherwise unless such loss, damage, injury, death, damages or expenses arise from the negligence or willful act of an officer, employee, agent, affiliates, directors, Board of Directors and their personnel of the Canadian Ecology Centre or any person for whom the Canadian Ecology Centre is in law responsible.

I acknowledge that if I fail to adhere to or abide by the rules, directives and guidelines of the Canadian Ecology Centre I may be removed from further participation or dismissal from the program and will not be entitled to any reimbursement of monies paid.

Based on the aforementioned acknowledgements and undertakings, I assume full responsibility for all risks and eventualities, and in doing so, hereby release and forever discharge the Canadian Ecology Centre, their affiliates, directors and Board of Directors and their personnel from any and all claims, demands, actions and causes of actions related to or arising out of my participation in the Canadian Ecology Centre program or while traveling to and from the location of the Canadian Ecology Centre, unless as a result of the negligence or willful act of the Canadian Ecology Centre, its affiliates, directors, Board of Directors and their personnel or any person for whom the Canadian Ecology Centre is in law responsible. I further undertake to fully indemnify and hold the Canadian Ecology Centre, their affiliates, directors and Board of Directors and their personnel safe and harmless from any costs or expenses which they may incur as a result of any claim, demand or action if pursued, unless as a result of the negligence of the Canadian Ecology Centre, its affiliates, directors, Board of Directors and their personnel or any person for whom the Canadian Ecology Centre is in law responsible.

In executing this Agreement I acknowledge that I have fully read and understand its terms and consequences, that I have the right to legal advice and that I am signing same on my own free will and volition and not being under any undue pressure or duress to do so.

Name of Participant in Full (please print)

Signature

Date

I, the undersigned as the responsible parent or guardian of the above named participant who is under eighteen (18) years of age hereby acknowledge, confirm and accept all of the above terms and consequences herein contained for and on behalf of same as well as myself.

Name of Parent/Guardian (please print)

Signature

Date