

2. CHECK EACH OF THE FOLLOWING CONDITIONS WHICH YOU HAVE HAD OR ARE SUBJECT TO AT THE PRESENT TIME:

CONDITION	PAST	CURRENT	CONDITION	PAST	CURRENT
Ear infections	_____	_____	Hay fever	_____	_____
Hearing loss	_____	_____	Migraines	_____	_____
Fainting spells	_____	_____	Asthma	_____	_____
Convulsions	_____	_____	Headaches	_____	_____
Digestive upset	_____	_____	Nose bleeds	_____	_____
Dizzy spells	_____	_____	Visual loss	_____	_____



LIST THE MEDICATIONS BEING TAKEN AT THE PRESENT TIME:

ADDITIONAL REMARKS:

MEDICATION/ALLERGIES:

1. HAVE YOU HAD A BAD REACTION TO ANY OF THE FOLLOWING AND IF SO, WHEN:

Penicillin Sulfa drugs
 Horse serum (as in tetanus antitoxin) Any other drugs

2. ARE YOU ALLERGIC TO ANY DRUGS, THINGS, FOODS? IF SO, PLEASE LIST:

IMMUNIZATIONS: 1. WHAT VACCINATIONS AND IMMUNIZATIONS HAVE YOU HAD?

TYPE	APPROXIMATE DATE	TYPE	APPROXIMATE DATE
Mumps	_____	Typhoid	_____
Measles	_____	Diphtheria	_____
German measles	_____	Smallpox	_____
Rubella	_____	Tetanus	_____
Whooping cough	_____	Polio	_____
Influenza / Colds	_____		_____

GENERAL: IF THERE ARE ANY LIMITATIONS TO THE AMOUNT OR TYPE OF PHYSICAL EXERCISE THAT YOU CAN ENGAGE IN, PLEASE DESCRIBE AND EXPLAIN. ALSO PLEASE DESCRIBE ANY SPECIAL DIET REQUIREMENTS:

SIGNATURE OF PARTICIPANT :

DATE: _____

SIGNATURE OF PARENT OR GUARDIAN :

DATE: _____

THE STUDENTS COMMISSION
The Centre of Excellence for Youth Engagement

**EXPECTATIONS
FOR PARTICIPANTS
OF ALL AGES**



- That all participants have a great time!
- That all participants get an opportunity to contribute.
- That all participants attend every session.
- That all participants - delegates, facilitators and administrators - be treated with respect.
- That all participants understand that their personal conduct will affect others, positively or negatively.
- That the use of alcohol and/or mind-altering drugs by delegates, administrators and facilitators is not acceptable. Get high on life!
- That, for personal and legal protection, any participant who must leave the site, will get permission and leave a contact person's name, phone number and address with the office.
- That all participants will use the buddy system when travelling throughout the week, both on and off site. It's very important to always have a 'buddy' with you for your own safety. Care for all team members!
- That participants wear their name tags where they are visible at all times. It makes it easier to identify new friends and helps identify members of our group for entrance to sessions, administrators and media.
- That we leave the facilities as we found them on arrival.
- That we report all sickness, injury, and concerns to the office and to our facilitators.
- That there be no sexual intimacy.
- That all participants abide by The Students Commission's four pillars: Respect, Listen, Understand and Communicate.

I agree to fulfill the above expectations while attending the Students Commission.

Name: _____

Signature: _____

Date: _____





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NAME: _____

I HEREBY grant to "The Students Commission" and those authorized on its behalf, including its official and non-official partners, the right to photograph, record on film, videotape, audiotape, other audiovisual or written format, my voice, person, or other material produced by me related to the "The Students Commission" Conference and the work of "The Centre of Excellence for Youth Engagement" which "The Students Commission" is leading, and grant also the non-exclusive right, license and privilege under copyright, or other right, or license enjoyed by me, to use, broadcast, cablecast, reproduce, print, publish and distribute the above in any format for educational and promotional purposes, worldwide, in perpetuity.

I warrant and represent that the rights granted herein, and the use thereof will in no way infringe or violate any trade mark patent, trade name, or copyright of any person, and I hereby release "The Students Commission" and its partners from all actions, claims and demands arising from the above grant, except those arising from "The Students Commission's" negligence; and agree to indemnify and save "The Students Commission" harmless from all claims, costs, charges, damages and expenses arising from the breach of the above warrant.

SIGNATURE: _____

SIGNATURE OF WITNESS: _____

DATE: _____

THE STUDENTS COMMISSION

Record of Medical History

Dear Participant:

For our records, and for your protection please complete this form, supplying ALL requested information. This form requires your signature and that of your parent or legal guardian if you are less than 18 years of age.

This form must be filled out in order for you to attend.

PLEASE TYPE OR USE INK AND PRINT!

NAME: _____ LAST _____ FIRST _____ MIDDLE _____

SEX: _____ DATE OF BIRTH: _____ YEAR: _____

HEALTH INSURANCE NUMBER: _____

PERMANENT ADDRESS: _____

CITY: _____ PROVINCE or TERRITORY: _____

POSTAL CODE: _____ **TELEPHONE:** (____) _____

PARENT OR GUARDIAN TO NOTIFY IN CASE OF ACCIDENT:

RELATIONSHIP: _____

PERMANENT ADDRESS: _____

CITY: _____ PROVINCE or TERRITORY: _____

POSTAL CODE: _____ **TELEPHONE:** (____) _____

FAMILY PHYSICIAN:

NAME OF FAMILY PHYSICIAN: _____

ADDRESS: _____

TELEPHONE: (____) _____

PERSONAL HISTORY

1. CHECK EACH OF THE FOLLOWING DISEASES WHICH YOU HAVE HAD:

<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Mononucleosis
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Polio
<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	Heart Diseases	<input type="checkbox"/>	Rheumatic fever
<input type="checkbox"/>	Influenza	<input type="checkbox"/>	Tonsilitis