



Participant Consent Form

Please provide your signature to A and B:

A) Consent to Participate: I give consent for _____ [name of youth] to participate in the *Top Left Conference*. I understand that he/she is responsible for his/her behaviour at all times. I hereby release The Students Commission, its agents, employees, directors, partners and assigns from any and all damages, liability, or costs resulting from _____ [name of youth] participation in all non-organized activities or *Top Left Conference*-related activities howsoever caused while attending the *Top Left Conference*.

X _____ Date: _____

Signature of parent or legal guardian

B) Consent to Emergency Medical Treatment: I, _____ [parent/legal guardian name], the parent / legal guardian of _____ [name of youth] give permission for _____ [name of youth] to attend the *Top Left Conference*. I hereby release The Students Commission, its agents, employees, directors, partners and assigns from any and all damages, liability or costs resulting from the authorizing of any emergency medical treatment that may be required by _____ [name of youth].

X _____ Date: _____

Signature of parent or legal guardian

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: _____





**Students Commission
(SC) Offices:**

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Victoria Office

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Release and Licence - No Fee

At our events, youth and staff of The Students Commission take photos, shoot video, and write down what you say because we value your ideas and images. We use these images and words to educate others and to promote the work of youth and The Students Commission. This form, written in legal language, gives The Students Commission the right to use the images and words you produce or photographs/video we take of you, for non-profit purposes. At any time, you can ask that your picture not be taken, or that words you write or speak remain private.

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 CARD NUMBER: _____

EMAIL: _____

PERMANENT ADDRESS: _____

CITY: _____ PROVINCE or TERRITORY: _____

POSTAL CODE: _____ TELEPHONE: (____) _____

CELL PHONE: (____) _____

PARENT OR GUARDIAN TO NOTIFY IN CASE OF ACCIDENT:

RELATIONSHIP: _____

PERMANENT ADDRESS: _____

CITY: _____ PROVINCE or TERRITORY: _____

POSTAL CODE: _____ TELEPHONE: (____) _____

CELL PHONE: (____) _____

FAMILY PHYSICIAN:

NAME OF FAMILY PHYSICIAN: _____

CITY: _____ TELEPHONE: (____) _____

PERSONAL HISTORY

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

_____ Chicken Pox	_____ Heart Diseases	_____ Polio
_____ Diphtheria	_____ Influenza	_____ Pneumonia
_____ Diabetes	_____ Measles	_____ Rheumatic fever
_____ Epilepsy	_____ Mononucleosis	_____ Tonsillitis
_____ German Measles	_____ Mumps	

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

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

3. DO YOU HAVE ANY DIETARY RESTRICTIONS? (VEGETARIAN, VEGAN, HALAL...):

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 :

SIGNATURE OF PARENT OR GUARDIAN :

DATE: _____

DATE: _____

