

Field Activity Participant Information (CONFIDENTIAL)

This form must be completed prior to departure

The information provided on this form is collected to aid in emergency situations. The field activity leader must retain a copy of the participant information document throughout the activity, ensuring confidentiality. Documents will be securely destroyed upon activity completion. It is imperative that participants only list reachable emergency contacts that can come on-site if needed.

All individuals participating in a field activity should be reasonably fit and have no medical conditions which could potentially be expected to result in a life-threatening situation. If you have a serious medical condition or a condition that could be exacerbated during this time it is your responsibility to provide information on those conditions to assist with ensuring your health and well-being during the field activities (e.g. severe allergies, asthma, bleeding disorder, diabetes, epilepsy, heart condition, pregnancy). If you are taking medication, you should take an adequate supply for the length of the field activity. Any prescription medication that could affect your ability to perform the required tasks or reduce your level of concentration or ability to respond should be disclosed.

It is recommended that all individuals participating in a field activity should have a current tetanus booster. You may also require other immunization pertinent to the field activity (e.g. rabies if directly handling reservoir species). If the field activity involves international travel, it is recommended that you obtain the necessary immunization well in advance of departure.

PARTICIPANT INFORMATION

Name (In Full)	
Date of Birth	
OHIP or other health insurance number	
Address of residence	
List any chronic medical condition e.g. diabetes, hypertension, asthma, epilepsy etc.	
List all medications in use	

List any food, environmental or drug allergies	
List any physical or mental challenges and any accommodation required	
List the physician approved contingency plan for any of the above conditions	

EMERGENCY CONTACT INFORMATION

I appoint the following individual(s) as my Emergency Contact and authorize Carleton University to contact the individual(s) for/with information about me in case of an emergency

CONTACT 1

Name	
Relationship to Participant	
Phone Number	
Alternate Phone Number	

CONTACT 2

Name	
Relationship to Participant	
Phone Number	
Alternate Phone Number	

By signing this document

1. I acknowledge that it is my responsibility to disclose any medical, or other, condition that could endanger my health and safety and that of my fellow participants.
2. I confirm that I have informed my emergency contact(s) of all aspects of this field activity including the nature of any potential hazards.
3. I confirm that my emergency contact(s) are aware of any health condition declared in this form.
4. I consent to the disclosure of the information in this document to healthcare as necessary in the event of an emergency.

Signature of participant:

Date: