

MEDICAL INFORMATION FORM 2023

Engineering Outreach is determined to collaborate with you to manage your child's medical conditions and allergies. Please complete this form which will provide essential information and guidelines on how to manage your child's health conditions.

Participant/student's full name: _____

Date of birth: _____ Age: _____

Health insurance number: _____

Health insurance province: _____

Indicate the program(s) your child is registered for:

EngSci ___ GirlSci ___ MakerGirls ___ TeenSci ___ MiniMed ___ Teen Tech ___ EngTech ___ Enrichment courses ___ Volunteer program ___ STEM/Spots camp ___

Indicate the location of the program your child is registered for:

On-campus ___ Orleans ___ Kanata ___ Barrhaven ___

Indicate the week(s) your child is registered for:

___ June 26th to 30th

___ July 4th to 7th

___ July 10th to 14th

___ July 17th to 21st

___ July 24th to 28th

___ July 31st to August 4th

___ August 8th to 11th

___ August 14th to 18th

___ August 21st to 25th

A) Medical condition description (i.e. Allergy to peanuts, asthma, epilepsy, etc.). Be precise.

B) Symptoms :

C) Describe the situations which may trigger the life-threatening medical episode or allergic reaction (i.e. touch, inhalation, ingestion, physical exercise)

D) Actions to be taken in the event of a life-threatening medical episode or allergic reaction. Be precise and include detailed instructions on when staff are to administer life-saving medications

E) Medication / Dosage (i.e. EpiPen, asthma pump, etc.)

F) Medication expiry date:

AUTHORIZATION AND RELEASE FOR THE ADMINISTRATION OF MEDICATION

I have requested that medication (including EpiPen injections) be administered in the event of a life-threatening emergency as well as all other life-saving measures as detailed above. I understand that neither *Engineering Outreach* nor the *University of Ottawa* can guarantee that these actions will be followed.

I agree to provide *Engineering Outreach* staff with a written updated medical statement should there be a change with respect to medication or dosage during my child's camp week(s). I understand that keeping the university staff informed is my responsibility. I also understand that this *Medical Information Form* will be made available to university staff.

I agree to ensure that any medication described above (such as EpiPen) is carried by my child at all times while at camp/in the course. I also may provide a second dosage or EpiPen to be carried by the instructor if I choose to do so.

Although the university staff will work hard to ensure an allergen-free environment, I recognize and acknowledge that the University of Ottawa programs, facilities, staff and support personnel are not able to guarantee a completely allergen-free environment for my child.

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____ Date: _____

NOTES

- This form is to be submitted on the Monday morning of the first week of the program (or Tuesday if Monday is a civic holiday).
- You are encouraged to attach a recent picture of your child to this document.