



Participant Information

Full Name	
Date of Birth	
Age as of today	
Gender	
Health Card Number	
Status Card Number	

Contact Information

Full Mailing Address	
Community/School	
Phone Number	
Email Address	

General Health Details

Have you at any time suffered from or had any symptoms of the following conditions: (check all that apply)

✓	CONDITIONS	DETAILS
	Depression, anxiety, mental illness or breakdown	
	Fainting attacks, fits or disease of the nervous system	
	Persistent cough, asthma, bronchitis or any ailment of the lungs/chest	
	Chest pains, raised blood pressure or other ailment of the heart or circulatory system	
	Diabetes, anaemia or any blood/gland condition	
	Ailment affecting the eyes (including colour blindness)	
	Ailment affecting the ears	
	Ailment affecting the nose or throat (ex. Hayfever)	
	Any injury, operation or physical abnormality	
	Headaches	
	None of the above	
	Other: Please specify	

Question	Answer	Details
Have you ever had the mumps?		
Do you have any allergies?		
Are you taking any medication?		
Any additional health information?		

I give permission for OLI staff to administer over-the-medication (Advil, Tylenol, Gravol, Cough Syrup, Neocitran, Vitamin C, etc) in the event of headache, nausea or cold. **YES** **NO**

Are there any over-the-counter medications that CANNOT be given? _____



Declaration of Consent

ACTIVITY: Dance rehearsals and performance, both in the participant’s community or Toronto. Other activities related to Outside Looking In show including but not limited to activities at Tim Horton Children’s Foundation camps, and any activities during rehearsal process, activities related to the show (in Toronto or at Camp).

LOCATION OF ACTIVITIES: In the participant’s community or performance related activities in and around Toronto and Winnipeg.

This Medical Release and Waiver Consent must be filled out completely. This form WILL NOT be accepted and will be required to be completed again if all the information is not completed in full. You must have COMPLETED forms for every individual attending the noted activity.

DECLARATION

1. I, the undersigned **parent or guardian**, do hereby grant permission for my daughter/son who is and hereafter shall be referred to as “participant”, to participate in the above noted activities. In order that the participant may receive the necessary medical treatment in the event of injury or illness, I hereby hold the Outside Looking In (“OLI”) organization and its employees and representatives harmless in the exercise of this authority.
2. I further acknowledge, understand and agree that in taking part in the above noted activities that there is a possibility of physical injury (minimal, serious, catastrophic or even death) and that the participant is assuming the risk of such injury by participating.
3. I further agree to indemnify and save harmless the “OLI” organization, its management, employees, contractors or other associated representatives, for any injury or illness incurred by the participant prior to, during the course of the above noted activity and after. I further release the “OLI” organization, its management, employees, contractors, or other associated representatives or organization, act for me according to their judgment in any emergency requiring medical attention. I understand that I will be notified as soon as possible in the event of an emergency. My insurance carrier or myself will assume all expenses of such treatment.
4. I further understand that the activities, programs and services offered by the “OLI” organization are sometimes conducted by personnel who may not be licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some employees/contractors and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease to conditions by those who are not licensed, certified or registered and herein employed to provide such professional services.
5. In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

I have read and agree to the above medical release and waiver.

Parent/Guardian Name (if under 18)	
Phone Number	
Date	
Signature	

Proof of Immunization Records MUST be submitted to OLI in order to attend the Toronto Trip.