

MAILING ADDRESS:

P.O. BOX OR NUMBER & STREET: CITY OR TOWN:

POSTAL CODE:

HOME TELEPHONE NO:

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CELLULAR NO:

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ALTERNATE TELEPHONE NO:

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E-MAIL ADDRESS:

PARENT OR GUARDIAN'S NAME and TELEPHONE NUMBER:

EMERGENCY CONTACT INFORMATION:

*** all health information will be kept confidential***

Hospitalization No. _____

EMERGENCY CONTACT, the person who can be reached in an emergency:

Name _____ Relationship _____

Address _____

Phone (H) _____ (W) _____

Please outline any health or accessibility needs below, including allergies:

Please Note: Camp staff will not administer medication to student. In the event of an anaphylactic shock, the student will administer his/her own prescribed medication. Staff will immediately contact health care personnel. Parents will be notified of any occurrence.

WHAT GRADE WILL YOU BE ENTERING IN FALL 2009: Gr.10 11 12

HIGH SCHOOL INFORMATION:

NAME OF HIGH SCHOOL AND TELEPHONE NUMBER:

WHICH HEALTH CAREER INTERESTS YOU (NURSING, MEDICINE, PHARMACY, ETC.)?

Family & Community Commitment and Informed Consent, Permission & Waiver of Claim

The NAPM/M Aboriginal Health Careers Summer Camp is an excellent opportunity for students to strengthen their academic and life skills, while exploring various health careers.

These skills are essential for future university education and this camp provides an environment in which such skills can be acquired. The path to a health career is not simple and requires commitment on behalf of both the student and his/her parents to achieve success.

Parents play a pivotal role on this path by providing constant support and encouragement. By signing this contract, you agree to provide motivation, support and encouragement while your child attends the NAPM/M Health Careers Summer Camp and any future university endeavours they may undertake.

I hereby consent and give my permission for my child _____ to attend and participate in above named camp at the University of Saskatchewan.

I understand that the two week project commences on July 5 - 10, returning July 12 – 17, 2009, and that the activity involves general classroom, laboratory and field study work, recreational activities including swimming, gymnasium and field sports, and wall climbing.

I agree that neither the University of Saskatchewan, the program organizers, or their respective employees, agents nor volunteers will be held liable for any injury to my child, or loss or damage to my child's personal property. I authorize the Project coordinators and/or chaperones to provide or cause to be provided such medical services as the University or medical personnel consider appropriate.

The Project Organizers reserve the right to refuse further participation to any participant for rule infractions. By signing this consent, I agree to allow the Project to reproduce the likeness of my child (photo, video, etc.) for promotional purposes.

Signature of Parent (s)/Guardians

Date

Print Name Parent(s)/Guardians

Send completed application by mail, fax or email to:

**Attention: Summer Camp Coordinator
Native Access Program to Nursing/Medicine
College of Nursing, University of Saskatchewan
107 Wiggins Road
Saskatoon, SK S7N 5E5**

FAX: (306) 966-6703

EMAIL: josephine.mckay@usask.ca or rhonda.goodtrack@usask.ca or
jackie.burns@usask.ca

* Deadline for submit application is June 12, 2009

* If mailing application, it must be post marked by June 3, 2009

* Late applications will not be accepted

* All applicants will be send a confirmation receipt when the application is received