



Science Camp for Saskatchewan Indigenous Youth

The information collected is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*.

Camp Participant Information:

Full name:

Preferred name:

Pronouns:

Birthdate:

Unisex t-shirt size:

Parent/Guardian Information:

Full name:

Phone number:

Email:

Camp Attendance:

Please note that transportation to and from the camps is not provided by the camp

Please check the camp location and date that works best:

Fort Qu'Appelle	July 4-5, 2024	<input type="checkbox"/>
Prince Albert	July 8-9, 2024	<input type="checkbox"/>
La Ronge/Air Ronge	July 11-12, 2024	<input type="checkbox"/>
Regina	July 15-16, 2024	<input type="checkbox"/>
Regina	August 6-7, 2024	<input type="checkbox"/>



Consent:

I, _____, confirm that I am the parent/guardian of _____.
 This is my written consent for _____ to attend the Science Camp for Saskatchewan Indigenous Youth. I certify that the herein stated is true and correct to the best of my knowledge and belief. I acknowledge that this consent can be withdrawn at any time without notice.

Printed name:

Parent/guardian signature:

Date:

Media consent:

I, _____, as parent/guardian hereby give authorization to the SCISIY team (File Hills Qu'Appelle Tribal Council, Indigenous People's Health Research Centre, University of Regina, and First Nations University of Canada) to use photographs, audio and video recordings of _____ taken during the SCISIY, to be used by SCISIY for any and all marketing, public relations and promotional purposes, which they may, in their sole and absolute discretion, deem appropriate.

Signature:

Date:

Camp chaperone:

If you'd like to be a chaperone with the camp, we are happy to have you join us; please note that we need chaperones to complete a criminal record check before we can accept anyone as a volunteer.

Please check mark if you are interested in participating here: ☐

Camp organizers must keep this written consent as part of the camp records. Parents/guardians should also keep a copy within their records.



Medical information:

Does the participant have food or any other allergies?

Yes ☐ No ☐

If yes, please specify:

Does the participant have any mobility, visual, or hearing challenges?

Yes ☐ No ☐

If yes, please specify:

Does the participant required the use of an Epi-Pen?

Yes ☐ No ☐

If yes, do you give the program leader permission to administer it?

Yes ☐ No ☐

If yes, please provide an **Epi-Pen Authorization and Release Form**.

If no, please specify the procedure you would like the program leader to follow:

Please use this space to provide any additional information regarding the participant that might be necessary to their success and safety, but was not included on this registration form.



Epi-Pen Authorization and Release Form:

I have hereby authorized and instructed that an EpiPen be administered in the event on an Anaphylaxis emergency.

I understand that this service will be provided by a person without medical or nursing training. It is further understood that in the absence of the regular leader a replacement leader will be assigned to the child's group.

It is understood that keeping the SCISIY staff informed is my responsibility. I further agree that the participant will carry the medication on their person.

I agree it is my responsibility to ensure the medication is properly labeled with the child's name and name of the drug, and to ensure that the drug is not expired.

I confirm that I understand the nature, effect and possible side effects of such Treatment, and also understand that the Participant Allergy Information will be shared with all members of the SCISIY team to ensure child safety.

I am fully aware and recognize that SCISIY staff, or support people are in no way able to provide or promise a risk free or allergen free environment for my child.

My signature shall be your good and sufficient authority to administer the medication through EpiPen injection, and I hereby release, indemnify and shall not hold the medication administrator, SCISIY, or any affiliated collaborator of the camp or any of its personnel liable for any action whatsoever which may arise out of the said medication administration, either at this given time or at any given time in the future.

Printed name:

Parent/guardian signature:

Date: