



**PROJECT JEWEL: CHILD HEALTH DISCLOSURE FORM**

**INFORMATION ABOUT THIS FORM**

**WHO SHOULD COMPLETE THIS FORM:** Any participant who plans to bring children to a Project Jewel excursion.

**CONSENT:** The federal legislation protecting your child’s privacy requires the IRC to obtain your consent to collect, use and disclose your child’s personal information for identified purposes. By signing this form, you are giving your consent.

**PURPOSE OF COLLECTING YOUR CHILD’S INFORMATION:** Children accompanying parents or guardians on Project Jewel may engage in strenuous outdoor activity, which some may find physically, emotionally and spiritually demanding. The personal and health information disclosed by the parent or guardian about the child will only be used to help the Program facilitators prepare for and deliver the program as safely and effectively as possible.

**DISCLOSURE OF YOUR CHILD’S INFORMATION:** The information may be disclosed to program facilitators and staff of the Inuvialuit Corporate Group on a strictly as required for the operation of Project Jewel.

**ASSUMPTION OF RISK:** By collecting this information, IRC does not assume any risk on behalf of the child. Please refer to the Participation Agreement for more information.

**Parent or Guardian’s Information**

Name:	Home phone:
Date of Birth:	Mobile:
NWT Health Card #:	Emergency contact person:
Address:	Emergency contact number:

**Child’s Information**

Name of child:	Date of Birth:
NWT Health Card #:	Address:

**Child’s Health Information**

Allergies (please list):	
Epipen (please circle one):	Yes No
Current health issues about which you think the facilitators should know:	
Current prescription medications and instructions (please list):	
Date of last alcohol/drug use:	

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Parent or Guardian’s Name:  
Date:

\_\_\_\_\_  
Witness Name:  
Date: