



## Seeds Rooted for Youth Medical Form and Waiver

Youth's Name \_\_\_\_\_  
Last First Middle Initial  
Health Card Number: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Contact Information

Parent/Guardian \_\_\_\_\_  
Relationship To Youth: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Home address: \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_  
Relationship To Youth: \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Health Concerns (diet/allergies/chronic conditions or special considerations we should be aware of as we prepare for your camper):

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If your youth has had any other operations or serious injuries please explain:

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**Please note:** To care for your child to the best of our ability, please describe any other physical, emotional or behavioural problems

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Has your child been exposed to or suffered from any infectious disease during the three weeks prior to the first day of camp? For example: Measles, Chicken Pox, Mumps, Tuberculosis, Whooping Cough, H1N1, Mononucleosis, etc. Yes or No  
If yes, please contact the Lead Facilitator before coming to camp.

Date of last immunizations: \_\_\_\_\_

My Daughter has been informed about menstruation: Yes or No

Does your youth receive any medication? Yes or No  
If yes, please explain:

Illness/Condition	Medication	Dosage	Time of day given

**All medication must be given to the Lead Facilitator in the original package from the pharmacy upon arrival.**



Recent changes in Family (death, illness, divorce, etc.)

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By enrolling \_\_\_\_\_ (youth's name) in Seeds Rooted in Youth's Summer Program, I agree that all members of our household are not currently experiencing any of this symptoms:

- Fever
- New onset cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease of loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose or nasal congestion without other known cause

Please note: Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

I agree that all members of our household have not:

- Tested positive for COVID-19
- Knowingly been exposed to someone with COVID-19
- Recently travelled to an area with high infection rate
- Been in an area where social distancing was not properly observed
- Been to a nursing home

If, you have experienced any of the above, please contact us in 14 days from today to enroll your youth in another program.

### **Waiver and Release**

In consideration of being permitted to utilize the facilities, services, and programs of Seeds Rooted in Youth, and/or for my children to so participate, for any purpose, the undersigned, for themselves, and such participating children and any personal representatives, heirs, and next of kin, acknowledges, agrees and represents that they find and accept the premises as being safe and reasonably suited for the purpose of use and/or participation by the undersigned and such children.

The undersigned is aware of the activities and facilities offered by Seeds Rooted in Youth and is aware of the risks inherent in the participation of their children in such activities.

In further consideration of being permitted to utilize the facilities, services and programs of Seeds Rooted in Youth, the undersigned hereby agrees with the following:

- a. To release, waive, discharge and covenant not to sue Seeds Rooted in Youth, its directors, officers, employees, and agents (the "Releasees") from all liability to the undersigned or such children and all their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or



property or resulting in death of the undersigned or such children whether caused by the negligence of the Releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Seeds Rooted in Youth.

- b. To indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the premises or in any way observing or using any facilities or equipment of Seeds Rooted in Youth or participating in any program whether caused by the negligence of the Releasees or otherwise.
- c. To assume full responsibility for and risk of bodily injury, death or property damage to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Seeds Rooted in Youth.

All reasonable precautions for the safety and health of the children will be taken. The undersigned and such children will be properly supervised in all activities.

In the event of injury requiring medical attention, the undersigned authorizes treatment for the youth and understand that reasonable attempts will be made to contact them, should a situation occur.

The undersigned warrants and represent that the youth is covered by Ontario Provincial Health insurance or equivalent medical coverage.

The undersigned further expressly agrees that the foregoing release waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Province of Ontario and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I have read and understand this document and release

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

*All information in this form is confidential.*