



## PROJECT JEWEL: HEALTH DISCLOSURE FORM

### INFORMATION ABOUT THIS FORM

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

**PURPOSE OF COLLECTING YOUR INFORMATION:** Participants in Project Jewel may engage in strenuous outdoor activity, which some participants may find physically, emotionally and spiritually demanding. The personal and health information disclosed by the participant will only be used to help the Program facilitators prepare for and deliver the program as safely and effectively as possible.

**DISCLOSURE OF YOUR 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 participant. Please refer to the Participation Agreement for more information

### Personal Information

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

### Health Information

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

Participant Name:  
Date:

Witness Name:  
Date: