



Ottawa Carleton Educational Space Simulation
 Participant Health Information Form
 Mission Genesis 2009

This information is requested from all student and adult participants. These forms will be kept in a secure location with the adult supervisor at 440 Albert Street and will be returned or destroyed after the mission.

Optional information is not required for participation in the mission, but may facilitate a better response to any medical issues that arise during the mission.

Participant Name	
Address	
Telephone Number	
Health Card Number (optional)	

Health Information (optional)

Relevant medical conditions	Condition	Requirements for management
Allergies	Allergen	Response in case of contact
Other concerns that will help us make the environment more comfortable for you.		

Emergency Contact Information

These persons should be available at these locations or phone numbers during the mission.

Name			
Address			
Phone Numbers	home:	work:	cell:
Relationship to Participant			
Name			
Address			
Phone Numbers	home:	work:	cell:
Relationship to Participant			

 Signature of Participant

 Parent Signature (if participant is under 18)

 Date