

Mississaugas of Credit Youth Council 2024-2025

Instructions: Parents and/or participants read and initial EACH page as indicated and fill out and sign the last page.

Background: The Mississaugas of Credit members for the Youth Council are from the ages 13 to 29 years old.

Contact: For any questions related to this REGISTRATION AND HEALTH INFORMATION AGREEMENT, or anything related to the Mississaugas of Credit Youth Council please contact

Veronica King-Jamiesoman, BEd. Pillar 4 Council Lead on Lifelong Learning and Education awareness

Cell: 905-869-5753

Email: VeronicaK@mncfn.ca

Position to be filled by (tbd) MCFN Lead Youth Council Coordinator

Below you will find TWO Documents:

1. Registration and General Participant Information Form
2. Participant Health Form

Confidentiality and Privacy

Any information collected, including personal information, will be treated as strictly confidential by the Mississaugas of Credit. The information from the Mississaugas of Credit Youth Council will only be shared on a strict need-to-know basis. To protect the participant's information, all Mississaugas of Credit Youth Council initiative will follow MCFN policies and guidelines, the Freedom of Information and Protection of Privacy Act (FIPPA) and other legal requirements. All data collected will be stored, encrypted and protected with technical and process protections, subject to the risks outlined below.

1. MISSISSAUGAS OF CREDIT YOUTH COUNCIL REGISTRATION

Youth Name	Phone Number	Email
Parent/Guardian	Phone Number	Email
Emergency Contact	Phone Number	Email
Additional Accompanying Adult Family Members	Phone Number	Email
Youth Residing Address	Youth Mailing Address (if different from Residing)	
Parent/Guardian Residing Address (if different from youth)	Parent/Guardian Mailing Address (if different from previous)	
Other Accompanying Community Members Address (if different from above)	Other Accompanying Community Members Address (if different from previous)	

Participant Information (for travel expenses, group work)

Age: _____

Identified Gender: _____

What First Nation do you belong to? _____

Are you a registered member with status with Mississaugas of Credit? YES NO

3.PARTICIPANT HEALTH RECORD NAME: _____

Does your child (or any accompanying persons) have dietary restrictions? If so, please check

___ vegetarian ___ vegan ___gluten free ___ sugar-free

Other, please specify _____

Does your child have any allergies? YES NO

If yes, please list the allergies: _____

2a. If your child has allergic responses that require an epi-pen, confirm that your child will carry an epi-pen? YES NO

2b. Have they been trained in its use? YES NO

3. Will any medications be required by your child while at camp (such as insulin)? YES NO

If yes, provide details: _____

4a. Does your child use an inhaler (puffer)? YES NO

4b. If you answered “Yes” in Q4, confirm that they will bring the inhaler to camp: YES NO

5. Are there any accommodations that your child requires to participate in the camp successfully?

Please note: Staff are not permitted to administer medication but they can monitor/assist.

6. Doctor’s Name and Phone Number: _____

In the case of a medical emergency, I/We agree to allow my child to receive basic first aid/medical care from instructors certified in first aid or trained medical professionals if necessary.

Signature of Participant	Date
Signature of Parent/Guardian	Date