UNIVERSITY OF ALBERTA
FIELD RESEARCH OFFICE

EMERGENCY INFORMATION FOR FIELD ACTIVITIES
This form must be completed prior to departure

The information provided on this form is being collected to assist in the event of an emergency situation. It is recommended that your emergency contact(s) have knowledge of any medical condition(s) you may have. The original of this form will be kept in a **secure file in the department/faculty and a copy will be kept in a sealed envelope with the primary person in charge in the field or its delegate**. In the event of illness, injury or medical condition in the field, the primary person in charge or its delegate, where reasonably practical, will make their best efforts to open the envelope and provide the information to a person administering first aid or to a medical personnel as necessary to ensure the health and well-being of the participant. The sealed field envelope will be shredded upon completion of the project/course. The other copy will be kept secure for five years and then shredded.

PARTICIPANT (Please Print)

Name (In Full)			
Student/Staff ID Number		**Date of Birth:**	
Provincial Health Plan #		**Province:**	
Other Health Insurance			

EMERGENCY CONTACT (Please Print)

I appoint the following individual(s) as my Emergency Contact and authorize the University of Alberta to contact the individual(s) for/with information about me in case of an emergency

Contact 1	
Name (in full)	
Relationship to Participant	
Phone Number	**Alternate Phone Number**
Address	

Contact 2	
Name (in full)	
Relationship to Participant	
Phone Number	**Alternate Phone Number**
Address	

All individuals participating in a field activity should be reasonably fit and have no medical conditions which could potentially be expected to result in a life-threatening situation. If you have a serious medical condition or a condition that could be exacerbated during this time **it is your responsibility** to provide information on those conditions to assist with ensuring your health and well-being during the field activities (e.g. severe allergies, asthma, bleeding disorder, diabetes, epilepsy, heart condition, pregnancy). If you are taking medication, you should take an adequate supply for the length of the field activity. Any prescription medication that could affect your ability to perform the tasks required; or reduce your level of concentration or ability to respond should be disclosed.

UNIVERSITY OF ALBERTA
FIELD RESEARCH OFFICE

I have no medical conditions/medications to disclose (*check box if applicable*)   ☐

Information you wish to disclose regarding medical condition(s) and medications

It is recommended that all individuals participating in a field activity should have a current tetanus booster. You may also require other vaccines pertinent to the field activity (e.g. rabies if directly handling reservoir species). If the field activity involves international travel, it is recommended that you obtain the necessary vaccinations well in advance of departure.

ALBERTA Freedom of Information and Protection Act (FOIPP): The personal information collected on this form is collected under the authority of Section 32 © of the FOIPP Act to assist in the provision of care in emergency situations. The information provided may be reviewed by the University Administration and the supervisor of your field experience. Personal information is protected under the Alberta FOIPP Act. For further information, contact the Occupational Health Manager, Office of Environmental Health and Safety at 780-492-5378.

By signing below:

1. I acknowledge that I have informed my Emergency Contact(s) of this designation and all aspects of the field activity including the nature of any potential hazards.
2. I consent to the disclosure of the information in this document as necessary in the event of an emergency.
3. I acknowledge that it is my responsibility to disclose any medical, or other, condition that could endanger my health and safety and that of my fellow participants.

Signature of participant:	**Date:**