**EMERGENCY INFORMATION FOR FIELD ACTIVITIES**

(*This form must be completed prior to departure or activities in the field)*

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 copy of this form will be kept in a secure file in the Research Centre and a copy will be kept in a sealed envelope by the primary person in charge in the field or their delegate.

In the event of an illness, injury or medical condition in the field, the primary person in charge or their delegate, where reasonably practical, will make their best efforts to open the envelope and provide the information to the person administering first aid and/or to 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. The other copy will be kept secure for five years and then shredded.

**PARTICIPANT**

|  |  |  |
| --- | --- | --- |
| **Name** (in full) |  | |
| **Student/Staff ID Number** |  | **Date of Birth** |
| **Provincial Health Plan #** |  | **Province** |
| **Other Health Insurance** |  | |

**EMERGENCY CONTACT**

**I appoint the following individual(s) as my Emergency Contact and authorize Athabasca University 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 #** |  |
| **Address** |  | | |
| **Contact 2** | | | |
| **Name (in full)** |  | | |
| **Relationship to Participant** |  | | |
| **Phone Number** |  | **Alternate Phone #** |  |
| **Address:** |  | | |

All individuals participating in a field research activity should be reasonably fit and have no medical conditions that 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 as a result of participating in the field research activities, **it is your responsibility** to provide information on that condition to assist with ensuring your health and well-being during the field activities (e.g., severe allergies, asthma, bleeding disorder, diabetes, epilepsy, heart condition). If you are taking medication, you should take an adequate supply for the duration 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.

|  |  |
| --- | --- |
| **I have no medical conditions/medications to disclose:** (mark ‘X’ if applicable) |  |

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

It is recommended that all individuals participating in a field research activity have a current tetanus booster. You may also require other vaccines pertinent to the field activity (e.g., rabies, if directly handling reservoir species).

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 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:** |

*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 supervising researcher on this field experience. Personal information is protected under the Alberta FOIPP Act. For further information, contact the Occupational Health & Safety Officer at 780-675-6407.*

*This form has been adapted with permission from the University of Alberta.*