

Health & Safety Form for RLC/Elderhostel Programs

Please read carefully and complete, sign, and return. If you require additional space, please attach another page.

Name _____ Preferred First Name _____
Last, First- Exactly as it appears on your passport *(For Name Tag)*

Home Address _____
Street/Box Number City State/Prov Zip/Postal Code

Home Tel. (____) _____ - _____ Alternate Telephone or Email _____

Female Male Age _____ Birthday _____ Non Smoker Smoker
Month Day Year

Travelling Companion Name _____
(If Applicable)

PASSPORT INFORMATION *(Required for International Programs only)*

Number _____ Date Issued _____ Expiration Date _____

Country of Issue _____ Place of Birth _____
City State Country

Additional information required from Elderhostel program registrants:

Program Number and Start Date _____

Elderhostel Student ID # _____
(Your Student ID can be found on your Enrollment Confirmation notice)

Companion's Student ID# _____
(If Applicable)

We recommend that all participants carefully consider the demands of this program as described in the program information material and consult with their physician about participating in the program.

Special Needs: We are committed to accommodating all individuals who wish to participate in our programs. We cannot, however, assure comfortable participation if you do not share with us your individual needs. If you have limited mobility or are otherwise physically challenged, you must describe your condition or circumstances in advance, so that we can make adequate accommodation or arrangements for you. If you do not advise us in advance of your requirements and you arrive at a program in which the facilities or transportation vehicles are unable to accommodate you, we may have to send you home. Please be honest in assessing your abilities and in sharing this information with us so that we may best serve you.

General Information: Most programs involve walking over variable surfaces and terrain, climbing steps and stairs, getting on and off transportation conveyances, and occasionally carrying your own baggage. Weather conditions are

often unpredictable. The physical characteristics of buildings (classrooms, sleeping accommodations, bathroom facilities, dining halls, etc.), and walking distances differ from site to site. Meals commonly consist of local foods prepared according to local tastes. **Special dietary requests CANNOT be guaranteed.**

We urge participants who will be taking long flights to consult their physician for advice on how to avoid DVT (Deep Vein Thrombosis). DVT is a rare condition caused by the formation of a blood clot in one of the body's deep veins, usually in the legs, that can move throughout the body. Immobility during long flights is believed to increase the risk of developing DVT.

Emergencies:

Should you become ill or be injured during the program, program staff will make every reasonable effort to find local medical help. Should you become seriously ill or be severely injured and unable to participate in the program, arrangements will be made for your return home as quickly and safely as circumstances allow. Please provide all information that is important for us to know in the event of an emergency or that could affect your participation in the program. A copy of this form will be provided to your Group Leader. For the sake of your health and safety and that of your fellow program participants, accurate responses and complete disclosure of relevant information is necessary.

Thank you!

The granting or denial of admission to a program is within the sole discretion of the organization. We may revoke admission or terminate participation at any time if, within our opinion, a participant's condition, behavior or actions are problematic, inappropriate or disruptive.

Elderhostel Program Registrants Please Note:

As described in the *Welcome to International Programs* pamphlet included with your enrollment notice, Emergency Evacuation Insurance is included in the cost of your Elderhostel program. It is essential that you advise our staff immediately should a medical problem arise.

Blood Type _____ Do you have any **RESTRICTIVE FOOD ALLERGY(s)**? No Yes
(If Known) If "Yes," please specify: _____

Do you have **MEDICAL CONDITIONS(s)** such as allergies, injuries, depression, diabetes, emphysema, heart condition, seizures, recent surgery, or others that would be important for us to know about in the event of an emergency?
 No Yes
If "Yes," please specify: _____

Do you have any **IMPAIRMENT(s)** or **RESTRICTION(s)** such as impaired mobility, hearing, vision, etc., that may prevent you from participating fully in the entire program as described by the program description or require special rooming, arrangements, equipment, or assistance for you to participate in the program? No Yes
If "Yes," please specify: _____

Do you use or transport any of the following items on a regular basis:
 Cane Walker Wheelchair Scooter Oxygen
If "Yes," please specify which one(s) and why, and if you will be bringing it/them on the program:

Do you require prescription medication(s) on a regular basis? No Yes

If "Yes," please list and indicate reason(s) for taking:

Primary Care Physician _____ Tel. Number (_____) _____ - _____
We reserve the right to contact your physician 24 hour emergency # if available

Do you have private medical/accident/illness insurance coverage (other than Medicare)? No Yes

If "Yes," please specify:

Name(s) of Insurance Company(s) and Policy Number(s)

Next-of-kin/person to notify in the event of an emergency (someone other than your travel companion):

Name _____ Relationship _____

Address _____

Home Tel. (_____) - _____ - _____ Alternate Telephone or email _____

Is there any additional information you would like us to know? _____

For your well being and that of your fellow program participants, an accurate and complete Health and Safety form is **REQUIRED** for your participation. Please complete, sign, and return this form no less than six weeks prior to the program start date. Failure to do so will jeopardize your ability to participate in a program.

Signed _____ Date _____

Return this form to:

Routes to Learning Canada
4 Cataraqui Street, Suite 019W
Kingston, ON, K7K 1Z7