

# Medical Emergency Form

Camper's Name: \_\_\_\_\_

Medical Insurance # \_\_\_\_\_  
*(Note: This is mandatory!)*

Parent / Guardian Name \_\_\_\_\_

Day Phone # \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_

Relation to Child \_\_\_\_\_

Alternate's Phone # \_\_\_\_\_

Doctor \_\_\_\_\_

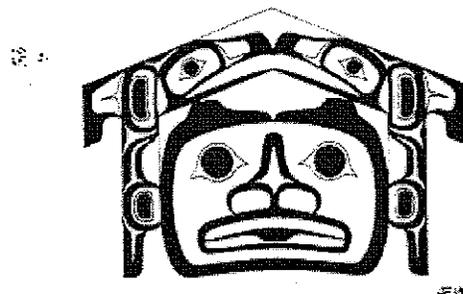
Doctor's Phone # \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

## Allergies

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

*(Please fill in back page and sign)*



Chronic conditions or recent illnesses of which the staff should be aware:

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Special Instructions for staff regarding campers health care

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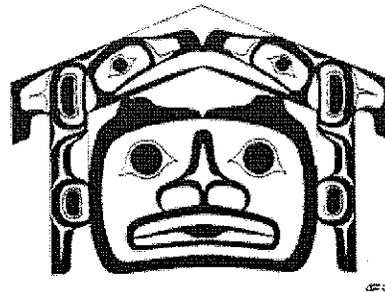
Medication times and situations where treatment will be required:

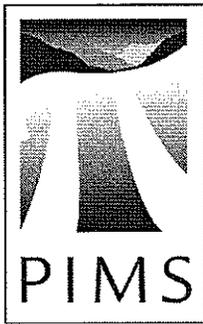
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*Note: Medication must be over-the-counter or prescribed and supplied in the original packaging with clear labels that identify the camper by name. The packaging must also clearly identify the dosage and administration instructions. Medications should be given to one of the camp supervisors for storage in the first-aid kit. One of the supervisors or staff members will supervise the administration of the medication.*





### Assumption of Risk

I acknowledge that while there will be supervision at the Summer Camp, there may be periods of time during which my child may be unsupervised. In addition, I acknowledge that there are many risks, dangers and hazards in allowing my child to participate in the activities of the Summer Camp, which include participation in sporting and play activities, and transportation to and from activity locations.

By signing and returning the enclosed copy of this letter to The Pacific Institute for the Mathematical Sciences, I consent to my child participating in the Summer Camp on the terms set out above and assume all risks associated with my child's participation in the Summer Camp.

\_\_\_\_\_  
Signature of Custodial Parent or Legal  
Guardian

\_\_\_\_\_  
Name of Signatory

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day-time Telephone Number

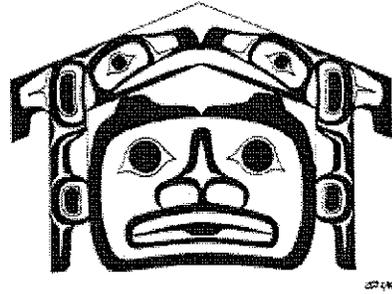
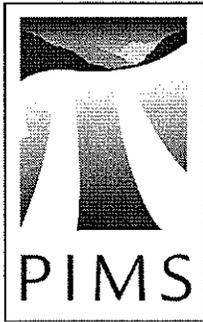
\_\_\_\_\_  
Evening Telephone Number

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Telephone Number of Emergency Contact

Personal information is collected pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c. 165, as amended. The information will be used for the purpose of registering and having your child participate in the Summer Camp.

As a condition of your child's participation in the Summer Camp, we would ask that you sign and return the enclosed copy of this letter no later than 9:30 am on July 3.



Dear students and parents/guardians,

During the summer camp; we may be taking pictures that could be used for such purposes as end of camp booklets for students, or write-ups in such things as newsletters at UBC and elsewhere. We may also be creating a short video about the camp that would go on UBC websites.

**Photo/video Release for Children Under 18 Years of Age**

**I hereby grant to the Pacific Institute for the Mathematical Sciences and the First Nations House of Learning and to its employees, agents and assign the right to photograph or video my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for all non-profit publication processes, whether electronic, print, digital or electronic publishing via the Internet.**

I agree to be photographed/filmed \_\_\_\_\_ Yes  
\_\_\_\_\_ No

\_\_\_\_\_  
Students Name

\_\_\_\_\_  
Students Signature

**I certify that I am a custodial parent/guardian and have the  
aforementioned rights to assign.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Student Job Experience Payroll Enrollment

NAME:

\_\_\_\_\_

First

Middle

Surname

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

City

Prov

Postal Code

PHONE:

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_

Month

Day

Year

SOCIAL INSURANCE # \_\_\_\_\_

\*\*

\*\* If you don't already have a Social Insurance #, you'll need to apply for one as soon as possible so you can be paid.

This is the link to the Government of Canada website where you can apply or get the forms and information on how to apply:

<http://www.servicecanada.gc.ca/eng/sin/apply/how.shtml>

Please use this link and follow the instructions to get the form, as well as instructions on how to complete your application and what documents you will need.

There is NO FEE to obtain your first Social Insurance Number.

You will also need a bank account in your own name and provide us with a blank cheque that you have written "VOID" through the centre of it, so we can have your pay deposited directly into your account. IF you don't have any blank cheques for your account, you can have the bank fill in the accounting information as it's shown on the form at the bottom & be sure the bank stamps it!



Instructions for filling out the direct deposit form:

- in the first box, don't fill in the section that says "Employee ID" or "Faculty/Department"
- If you have a chequing account please attach a voided cheque (write void through it).
- If you have a chequing account but do not have any cheques, then have the bank fill-in the section that says "For NON-CHEQUING Accounts" [eventhough yours is a chequing account!]. If you use this option, then also make sure the bank stamps the form.
- If you have any questions about the bank form, please call Jacqui Ferraby at 604-725-2490.

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## Applying for a Social Insurance Number

Here's a summary of info found at:

<http://www.servicecanada.gc.ca/eng/sin/apply/how.shtml>

### What information/documents do I need to apply?

**Primary Documents** You need to provide a primary document to apply for a Social Insurance Number (SIN), replace your card or amend your SIN record (e.g. a name change).

A primary document is an official document that proves your identity in Canada. We need to see an original of your primary document. If the name on this document is different from the name you currently use, you will also need to provide a supporting document.

You must submit one of the following primary documents with your application:

#### **Canadian citizens**

Certificate of Birth or Birth Certificate issued by the vital statistics agency in the province or territory where you were born (Note: We do not accept Quebec proof-of-birth documents issued prior to 1994).

#### **Registered Indians**

If you are a registered Indian and you want to register your status on your SIN record, submit one of the following:

- if you were born in Canada, you must submit your original primary document (see section on Canadian Citizens) and a Certificate of Indian Status issued by Indian and Northern Affairs Canada (INAC).
- if you were born outside Canada, you must submit your original foreign birth certificate and a Certificate of Indian Status issued by INAC.

(See other side for Service Canada Locations)

## Service Canada Locations

\* You'll need to go to a Service Canada Location to apply for your SIN card. There are more locations + additional info at

<http://www.servicecanada.gc.ca/eng/sin/apply/how.shtml>

### **Vancouver Service Canada Centre**

125 10th Avenue East  
Vancouver, British Columbia  
V5T1Z3

### **Vancouver Service Canada Centre for Youth**

125 10th Avenue East  
Vancouver, British Columbia  
V5T1Z3

### **Fraser Street Service Canada Centre**

4242 Fraser Street  
Vancouver, British Columbia  
V5V4G2

### **Vancouver Multi-Language Extension Services in Cantonese and Mandarin**

28 West Pender Street  
Vancouver, British Columbia  
V6B1R6

### **Sinclair Centre Service Canada Centre**

757 Hastings Street West  
Vancouver, British Columbia  
V6C1A1

### **Vancouver Multi-Language Extension Services in Cantonese and Mandarin**

1720 Grant Street  
Vancouver, British Columbia  
V5L2Y7

### **North Shore Service Canada Centre**

221 Esplanade West  
North Vancouver, British Columbia  
V7M3N7

### **North Shore Service Canada Centre for Youth**

221 Esplanade West  
North Vancouver, British Columbia  
V7M3N7

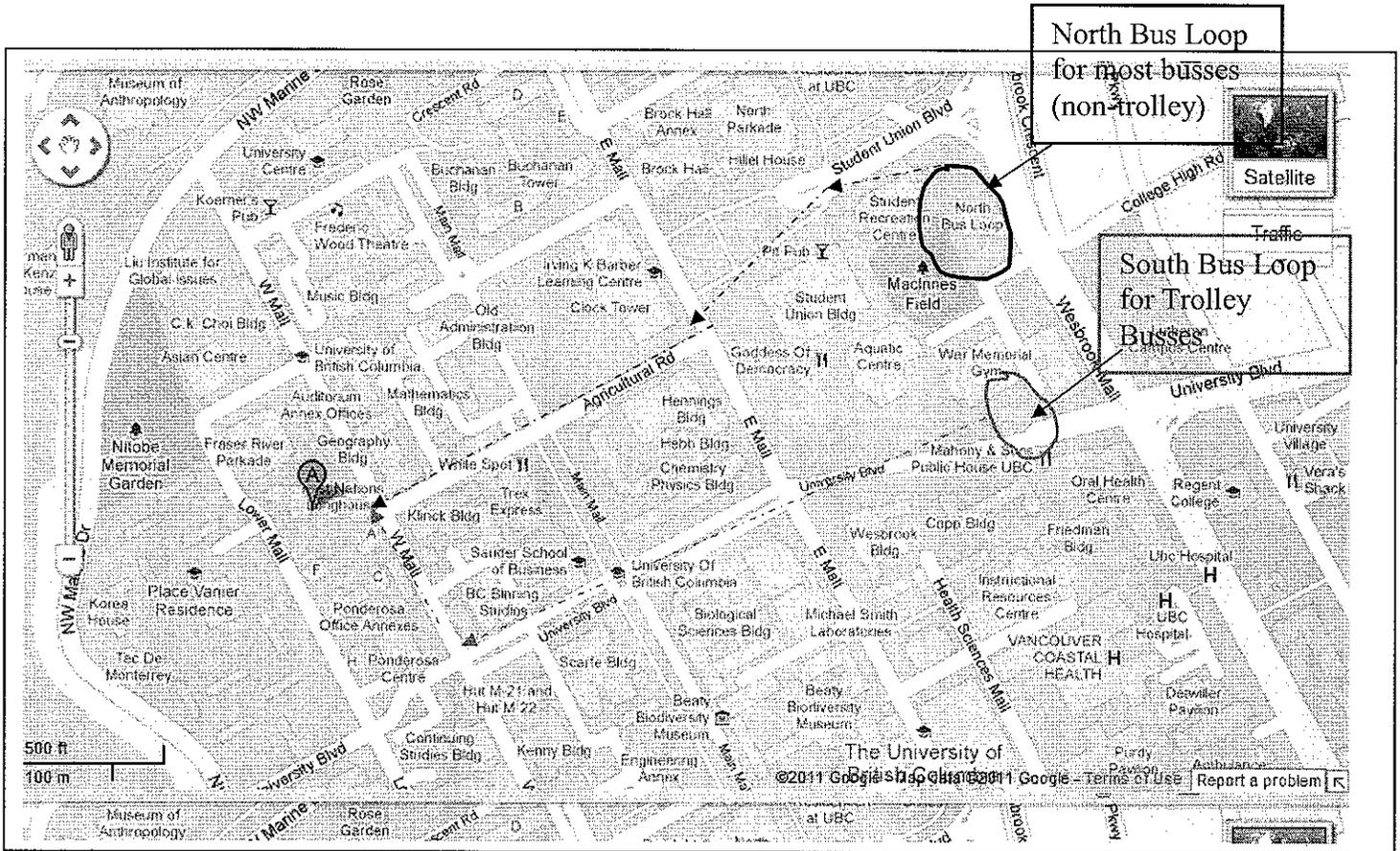
### **Vancouver Multi-Language Extension Services in Punjabi**

8153 Main Street  
Vancouver, British Columbia

### **Burnaby Service Canada Centre**

3480 Gilmore Way  
Burnaby, British Columbia

# UBC Map: Directions to the First Nations House of Learning from the UBC Bus Loops



North Bus Loop

for most busses  
(non-trolley)

South Bus Loop  
for Trolley  
Busses

Satellite

Traffic

The University of British Columbia  
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