



Northern Ontario  
School of Medicine

# 2009 SUMMER SCIENCE CAMP SUDBURY CAMPUS APPLICATION FORM

**July 13 - 17, 2009**

## Section One: Instructions

Thank you for your interest in the Northern Ontario School of Medicine's (NOSM) 2009 Summer Science and completing the Application Form. We look forward to meeting you this summer!

Please submit completed packages to the contact person at your school by Tuesday **June 9, 2009**.

### Forms can be submitted to:

Natasha Comte

Human Resources Coordinator

Services de santé de Chapleau Health

Services

(705) 864-3056

Fax: (705) 864-0449

E-mail: [ncomte@sschs.ca](mailto:ncomte@sschs.ca)



Summer Science Camp Application Form

PLEASE SUBMIT BY: **June 9, 2009**

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## July 13 - 17, 2009

### Section Two: Application Information

Please Note: Personal information on this form is collected under the authority of the Northern Ontario School of Medicine (NOSM) in order to determine eligibility and qualifications for the Summer Science Camp Program as well as to comply with funding and reporting requirements related to the Summer Science Program, as set out by the Youth Science and Technology Outreach Program of the Ministry of Research and Innovation. Direct any questions about this collection to the Corporate Administrative Officer, at the Northern Ontario School of Medicine at 800-461-8777.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Boy or Girl

School Name: \_\_\_\_\_ School Contact: \_\_\_\_\_

Grade Completed by June 2009: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Are you Aboriginal? (Circle one)      Yes                      No

Are you Francophone? (Circle one)      Yes                      No

Please outline any health, dietary or accessibility needs below, including allergies  
(environmental/food):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note: Students must ensure to bring their medication with them. Camp staff will not administer medication to the students. In the event of an anaphylactic shock, the student will administer his/her own prescribed medication. Staff will immediately contact Security Services Emergency Line at Lakehead University. Parents will be notified of any occurrence.**



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## Section Three: Parent/ Guardian Consent

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Last Name of Parent / Guardian: \_\_\_\_\_

First Name of Parent / Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Alternate Emergency Contact: \_\_\_\_\_

Alternate Emergency Contact Phone Number: \_\_\_\_\_

**I hereby give permission for the named student to attend the 2009 Summer  
Science Camp Program at the Northern Ontario School of Medicine.**

**Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**



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## Section Four: Photo Consent

I hereby authorize the Northern Ontario School of Medicine (NOSM) and/or its associates, assistants, or subcontractors to photograph/record

\_\_\_\_\_  
Name (*please print*)

I authorize the Northern Ontario School of Medicine to use and display of said photographs and/or recordings in any School publication, multimedia production, display, or advertisement.

I agree that the Northern Ontario School of Medicine may use name, likeness, or biographical information supplied by the undersigned.

I release and forever discharge the Northern Ontario School of Medicine, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / recordings, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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## Section Five: Applicant Statement of Interest

1. Please indicate how interested you are in health occupations? (circle one)

*Not at all interested*

*Somewhat interested*

*Very interested*

2. Are you familiar with occupations in the health-care field?

*Not at all familiar*

*Somewhat familiar*

*Very familiar*

3. Are you familiar with the Northern Ontario School of Medicine (NOSM)?

*Not at all familiar*

*Somewhat familiar*

*Very familiar*

4. How did you hear about the program? (Circle one)

*Guidance Counselor*

*Parent / Relative*

*Teacher*

*Youth Outreach Worker*

*School Staff Member*

*Community Centre*

*Previous Summer Science Camp*

*Friend*

*Participant*

*Community Event*

*Poster*

*Other (Please describe)* \_\_\_\_\_

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## Section Six Applicant Reference

*Please detach this page to have a teacher, guidance counselor, mentor, principal, etc. fill out the required information.*

I recommend \_\_\_\_\_ as a good candidate for the NOSM 2009 Summer Science Camp. I fully support their participation in the program.

Nominated By:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please provide your comments to support this student's participation:

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Please feel free to attach a separate sheet of paper if needed.