



# CampMed

# PARTICIPANT APPLICATION

**Please return your completed application form to:**

Northern Ontario School of Medicine  
 CampMed Coordinator  
 Toll Free: 1-800-461-8777 ext. 7198  
 Tel: 705-662-7198  
 Fax: 807-766-7368  
 Email: [campmed@nosm.ca](mailto:campmed@nosm.ca)

**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 Laurentian University or Lakehead University. Parents will be notified of any occurrence.

**Protection of Personal Information:**

The Northern Ontario School of Medicine protects your privacy and your personal information. The personal information requested on this form is collected under the authority of the Letters Patent of the Northern Ontario School of Medicine dated November 15, 2002, and in accordance with the Freedom of Information and Protection of the Privacy Act. Personal information collected by the School is used for the purposes of determining eligibility and qualifications for the CampMed as well as to comply with funding and reporting requirements. Users of this information are the Northern Ontario School of Medicine and applicable funding agencies. Please direct any questions about this collection to Director, Admissions and Learner Recruitment, Northern Ontario School of Medicine, 955 Oliver Rd., Thunder Bay, Ontario, P3E 2C6, and Telephone: 1-800-461-8777.

*Please note that the activities of CampMed are delivered in English. However, our bilingual staff and learners encourage a Francophone friendly environment.*

## Section 1: Applicant Information

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

Mailing Address : \_\_\_\_\_  
(Street) (Town/City) (Province) (Postal Code)

Telephone (home) : \_\_\_\_\_ Cell number : \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Gender (optional field):  Male  Female  Other

Languages spoken:  English  French

Self-identified Indigenous (First Nations, Métis, or Inuit)?  Yes  No

Are you Francophone?  Yes  No

Preferred Location:  Laurentian University, Sudbury  Lakehead University, Thunder Bay

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

School Grade: \_\_\_\_\_

Have you applied to NOSM's Health Sciences Summer Camp in previous years?  Yes  No

Have you attended the NOSM's Health Sciences Summer Camp previously?  Yes  No

*\*Please note that preference will be given to students who have not previously attended NOSM's Health Sciences Summer Camp.*

Would you like to be considered for possible funding opportunities to cover your registration fee, accommodation, and/or travel costs?  Yes  No

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

Unisex Adult T-shirt Size: \_\_\_\_\_



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## Section 2: Parent/Guardian Consent

Name of Parent/Guardian (please print): \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (daytime): \_\_\_\_\_

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

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

Alternate Emergency Contact Telephone Number: \_\_\_\_\_

I hereby give permission for the named youth to attend CampMed at the Northern Ontario School of Medicine.

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

## Section 3: Application Essay

Due to our limited enrolment, please tell us why you should be selected to attend CampMed by answering all of the following questions:

1. In 250 words please list two activities that you spend time doing outside of school and why participate in those activities.
2. In 250 words, please explain why you are interested in Health Sciences?
3. In 250 words please describe the two most important/interesting things that someone should know about you?

Please attach the essay to your application.

## Section 4: Applicant Reference

Please ask your education director, teacher, guidance counselor, principal, or a member of the community/organization in which you are an active member (coach, music teacher, supervisor of volunteer activity, etc.) to submit a reference letter. Ensure that your reference provides comments on why you should be considered for one of the limited spots at NOSM's CampMed.

Reference Information:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number (daytime): \_\_\_\_\_

Please include the reference letter with your application.