



# Medicine Picking Program Application Form

## August 2-6, 2024

Please note: If you are selected this information will also be used in case of a medical emergency.

This information will be shared with Shakes the Dust Hope Consulting in case of medical emergencies.

### Personal Information

<b>Name</b>	
<b>Mailing Address</b>	
<b>Community</b>	<b>Postal Code</b>
<b>Telephone Number(s)</b>	
<b>Email Address:</b>	

<b>Date Of Birth:</b>					
<b>Sex:</b> Man/Woman/Non-Binary/None of the above (I identity as)					
<b>Ethnic Group</b>	<b>Dene</b>	<b>Métis</b>	<b>Inuit</b>	<b>Other</b>	<b>Unknown</b>

### Why do you want to take this program?

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**Are you committed and able to attend the full program?**      Yes      No



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**Do you have any allergies? For example, to bugs, trees etc. If you do please list them.**

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**Is an Epi-pen required for the above allergy?** Yes No

**Are you physically able to walk in the bush and spend long periods of time outside?**

Yes No

## Emergency Contact Numbers

<b>Name</b>
<b>Relationship</b>
<b>Phone number</b>

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**Have you read the information document?** Yes No

## Alcohol and Drug Usage

This program is alcohol and drug-free. It is expected that by applying you are agreeing to not use alcohol or drugs during the entire program, this includes usage in the evenings.

**Please sign to verify that the information in this form is accurate;**

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(Name of Participant)

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Date