



THE UNIVERSITY OF WINNIPEG
THE COLLEGIATE

**Homestay Application Form Supplement
Personal and Medical Information**

**This form is to be filled out by students who are under age 18 and their parents.
Please complete both sides of this form and send to:**

**Homestay Program
The University of Winnipeg
294 William Avenue
Winnipeg, MB R3B 0R1**

Personal Information

Name of student: _____ Grade: _____

1. Do you belong to any clubs or youth groups?
If yes, please list

2. Do your parents require you to be home at a specific time in the evening?
Yes ___ No ___ If yes, what time: weekdays _____ weekends _____

3. Have you ever been away from your family for long periods of time?
If yes, how long? _____ No ___

4. Describe any concerns you may have about living in Canada:

5. Parents' Names:

Father _____

Mother _____

6. Parents' Address(es)

7. Parents' Phone Number _____ E-mail _____

8. Parents' Work Phone Number(s) _____

Medical Information

- 1. Do you take any medication? Yes ____ No ____
If yes, explain: _____

- 2. Do you have any allergies to any medication? Yes ____ No ____
If yes, list medications: _____

- 3. Do you use an inhaler? Yes ____ No ____

- 4. Do you carry an epi-pen? Yes ____ No ____

- 5. Do you have any medical conditions we should be aware of?
Yes ____ No ____ If yes, explain: _____

- 6. Do you wear glasses? _____ Contact lenses? _____

- 7. Do you require any routine injections? Yes ____ No ____
If yes, describe: _____

This medical information is being collected so that appropriate health care plans may be developed, if necessary. This information will only be shared with appropriate individuals. This information is protected by the Personal Health Information Act of the Province of Manitoba.

Signature of Parent or Guardian: _____

Date: _____