



**2025 Explore Program: Optional Medical/Accommodation Information Form**  
**Spring Session (Ages 19+)**

Participants are kindly requested to disclose any medical conditions, as well as prescribed medications (including dosage) they are currently taking. This information will be kept confidential and will not negatively impact your application. This will allow us to provide optimal assistance in the event of an emergency.

Additionally, participants are encouraged to identify any support or accommodations they may require throughout the program. Again, this information will be kept confidential and will not negatively impact your application. Our aim in soliciting this information is simply to ensure that participants are equipped with the support and resources needed to succeed during their time at Glendon Explore.

Due to its sensitive nature, your medical or accommodation information should be submitted to us via mail using this Optional Medical/Accommodation Information Form.

**Please mail this completed form and required attachments to the following address:**

Glendon Explore Program  
York Hall A112  
2275 Bayview Avenue  
Toronto, ON M4N 3M6

If you have any questions, please do not hesitate to contact us by email at: [explore@glendon.yorku.ca](mailto:explore@glendon.yorku.ca)

**Participant Full Name:**

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**I am an Explore bursary recipient confirming my participation in the:**

- ☐ Ages 19+ French as a Second Language (FSL) Program (May 20 to June 21, 2025)
- ☐ Ages 19+ English as a Second Language (ESL) Program (May 20 to June 21, 2025)

**Do you have any conditions that might require additional support or accommodation during the program (related to learning, physical or mental health, etc.)?**

- ☐ Yes
- ☐ No

If yes, kindly provide details regarding your situation and specify any necessary accommodations below. All conditions necessitating accommodation must be officially documented (physician's note, individualized learning/educational plan, etc.). **A copy of this documentation must be included with this form to facilitate the necessary arrangements.**

**Do you have any specific medical conditions?** (E.g., seasonal allergies, asthma, diabetes, epilepsy, seizures, heart troubles, etc.)?

- ☐ Yes
- ☐ No

If yes, please provide more details below of any special requirements or medications, including dosage, frequency, secondary effects, etc. This information will be kept confidential and will allow our team to provide optimal assistance in the event of an emergency. **Documented disclosure from your physician must be included with this form.**

**Are you taking any prescription medications?**

- ☐ Yes
- ☐ No

If yes, please provide more details below, including the name of the medication and the proof of prescription (including the prescribed dosage.) This information will be kept confidential and will allow our team to provide optimal assistance in the event of an emergency. **Proof of prescription from your physician or pharmacist must be included with this form.**

**Do you have any serious allergies that may require the use of an EpiPen?**

- ☐ Yes
- ☐ No

If yes, please provide more details below, including any accommodations required. This information will be kept confidential and will allow our team to provide optimal assistance in the event of an emergency. **Documented disclosure from your physician of your allergy and need for an EpiPen must be included with this form.**

Please note that all meals (breakfast, lunch and dinner) are provided in a buffet-style format. Our buffet is designed to accommodate a wide range of dietary restrictions and preferences (examples: vegetarian, vegan, Halal, etc.). Please note that York University is not a nut-free facility.

Note: Regrettably, participants of Glendon Explore are not permitted access to a kitchen under any circumstance. If you require access to a kitchen, kindly consider seeking admission at another institution.

**Do you require a special diet for medical reasons?**

- ☐ Yes
- ☐ No

If yes, please provide more details and **include a medical note** from your physician **regarding your medically necessary** dietary accommodations **with this form**. Participants with dietary restrictions that are not medically documented must personally cover the costs of meal supplements.