



COASTAL CURRENT ADVENTURES MEDICAL FORM
PLEASE PRINT CLEARLY - TWO PAGES - SIGNATURE REQUIRED

SCHOOL/GROUP/CAMP/COURSE: _____ Program Date: _____

PARTICIPANT INFORMATION

Name:	Age:	Date of Birth (m/d/y):	Gender:
Address (street/city/province/postal code):			
BC Care Card #		Other Health Insurance:	

Shoe Size: _____ Height: _____ Weight: _____ (for gear sizing)

Parent/Guardian:	Emergency Contact:
Email:	Relationship:
Phone:	Phone:
Alternate Phone:	Alternate Phone:

FOOD ALLERGIES	Reaction? (Bring two epi pens if required)	EPI PEN REQUIRED?
		<input type="radio"/> YES NO <input type="radio"/>
		<input type="radio"/> YES NO <input type="radio"/>
		<input type="radio"/> YES NO <input type="radio"/>
		<input type="radio"/> YES NO <input type="radio"/>

FOOD RESTRICTIONS

- | | | |
|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Vegan | <input type="checkbox"/> Lacto-ovo vegetarian (eggs & dairy ok) |
| <input type="checkbox"/> Celiac (severe) | <input type="checkbox"/> No Red Meat | <input type="checkbox"/> Lacto vegetarian (dairy ok) |
| <input type="checkbox"/> Gluten Intolerant | <input type="checkbox"/> No Pork | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Pescatarian (fish, eggs & dairy ok) | |
| <input type="checkbox"/> Other _____ | | |

ALLERGIES	Reaction? (Bring two epi pens if required)	EPI PEN REQUIRED?
		<input type="radio"/> YES NO <input type="radio"/>
		<input type="radio"/> YES NO <input type="radio"/>
		<input type="radio"/> YES NO <input type="radio"/>
		<input type="radio"/> YES NO <input type="radio"/>

HEALTH INFORMATION Please attach a separate sheet or care plan if necessary or use back page

- | | | |
|--|---|--|
| <input type="checkbox"/> Glasses/Contacts | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Migraine/Headache |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Anxiety/Panic Attacks |
| <input type="checkbox"/> Autism | <input type="checkbox"/> ADHD | <input type="checkbox"/> Phobia _____ |
| <input type="checkbox"/> Recent Concussion | <input type="checkbox"/> H/L blood pressure | |
| <input type="checkbox"/> Recent Injury _____ | <input type="checkbox"/> Frequent Infection _____ | <input type="checkbox"/> Other: _____ |

PRESCRIBED MEDICATIONS - MANDATORY FOR 2 SETS OF MEDICATIONS

NAME OF MEDICATION	WHAT IS IT USED FOR?	DOSAGE/ADMINISTRATION TIME

*****MANDATORY FOR TWO SETS OF MEDICATIONS TO COME
ONE FOR CAMPER/STUDENT/PERSON AND ONE FOR GUIDE TO KEEP ON HAND AT ALL TIMES**

TETANUS SHOT IMPORTANT INFORMATION. Children in BC receive a tetanus booster in Kindergarten and Grade 9
Date of last Tetanus shot: _____

CAMPING COMFORT LEVEL - (1= very uncomfortable - 5 = very comfortable, please circle)

Sleeping in tent	Using outhouse	Being in dark	Extended Exercise
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SWIMMING ABILITY	Able to swim 100m <input type="checkbox"/>	Able to swim 25m <input type="checkbox"/>	Non Swimmer <input type="checkbox"/>

Non-swimmers: are you comfortable in deep water while wearing a life jacket? Yes No

CONSENT TO MEDICAL TREATMENT In the event of a medical emergency, if I am not immediately contactable, I give my consent to treatment to the health care providers (doctors, hospital medical staff, first aid attendants) chosen by the directors of Coastal Current Adventures Ltd., to provide whatever treatment is medically necessary for the participant.

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date.

Name of Participant:

Name of Parent/Guardian:

Signature of Adult Participant/Guardian:

Today's Date: