

Medical Information Form for Pacific Surf School

This form must be completed before you participate in any activities offered by Pacific Surf School.

Disclosures made on this form and all information is completely confidential.

Please Print

Name: _____

Please list any/all conditions that may affect your ability to participate in the program you have registered for (if any please give a brief description):

- Heart disease _____
- Psychological (phobias) _____
- Physical conditions _____
- Other _____

Please list any medications both prescription and non-prescription, that you are currently taking, or, will be bringing with you on your program and the reason it is taken:

| | | |
|-------------------------------------------------------------------------------------------|--------|-------|
| What was the date of your last Tetanus inoculation or booster? | Month: | Year: |
| Do you have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please describe what causes reaction and list any medication taken | | |
| <hr/> <hr/> <hr/> | | |

| NAME & NUMBER OF PERSON TO CALL IN CASE OF AN EMERGENCY: | | | | |
|----------------------------------------------------------|------------|---------|-------------------------------|--|
| 1 st Choice Name: | | | Relationship: | |
| Cell/Home Phone: | Area Code: | Number: | Best time to reach at this #: | |
| Work Phone: | Area Code: | Number: | Best time to reach at this #: | |

Please Turn the page:

**FOR PARTICIPANTS UNDER THE AGE OF 19 yrs
 CONSENT FOR MEDICAL TREATMENT OF AN UNDERAGE PARTICIPANT:**

| | | |
|--------------------------|--------------------------|---------------------|
| Name of Activity: | Date of Activity: | Care Card #: |
|--------------------------|--------------------------|---------------------|

In case of the participant being under the age of nineteen (19) in the Province of British Columbia or under the age of responsibility elsewhere, I hereby give permission to an Activity representative of Pacific Surf School.
 To arrange for any medical treatment required by my child or ward while he/she is under the care of the Pacific Surf School during the program named above.

| | | |
|------------------------------------|-------|--------------------|
| _____ | _____ | _____ |
| Parent/Legal Guardian Signature | Date | Participant's Name |

I have completed this medical form, accurately, and truthfully, to the best of my knowledge. I understand that any injury or illness that is aggravated by, or a result of my participation in this program and any evacuation cost arising thereof, is solely my own responsibility and I hereby release Pacific Surf School its directors, management, employees, and associates from any further claims I might make against them. I understand that it is my responsibility to inform Pacific Surf School before my Activity begins, of any medical conditions that have arisen after filling out this form. Signed this _____ day of _____, 20____.

| | | |
|-------------------------------------|-------------------|--------------------|
| _____ | _____ | _____ |
| Participants Signature Signature | Witness Signature | Parent or Guardian |