



PERSONAL PROFILE

The Personal Profile is essential safety information for Sea to Sky Outdoor School. Having accurate information on every participant - students, teachers, parents, high school leaders, volunteers - helps to insure that we know our audience and that our primary objectives of safety, fun and learning our met. It will also assist our staff in being sensitive to the needs of each person who arrives at Outdoor School. This information will remain confidential and will be used only for the purposes for which it is collected. If you have any questions or would like a copy of our Privacy Policy, please contact us at 1-604-886-2258 or email timturner@seatosky.bc.ca

Full Name: _____ Age: ___ M ___ F ___ **Please circle one:** student / youth leader / parent / teacher / other

Home Address: _____ Tel: _____

Care Card #: _____ Doctor: _____ Doctor's Tel: _____

Grade ___ School _____ Sea to Sky Program _____

Program Dates _____ What do you expect to get out of this Sea to Sky program? _____

Tetanus – have you had a tetanus shot in the last 10 years? Yes ___ No ___

This information is required for safety reasons. If you are unsure, please check with your doctor or health unit. In the event that you experience an injury that breaks the skin and you have not had a current tetanus shot, you will be evacuated to medical care at your expense.

Dietary concerns: no meat, no dairy, no pork, other? _____

Food Allergies: _____ (mild reaction ___ severe reaction ___)

_____ (mild reaction ___ severe reaction ___)

Describe allergic reaction and recommended treatment: _____

Prone to nosebleeds, headaches, sinus trouble, sleep walking, snoring, other concerns? _____

Allergies: (bees/wasps, pollen, medication, other?) _____

Describe allergic reaction: _____

Health Concerns: *please circle* eg. Diabetes, asthma (bring 2 puffers), seizures, ADD/ADHS, fainting, heart, illness.

Other? _____ Describe recommended treatment of health concern: _____

What is student's **swimming ability**? Like a: fish ___ dog ___ rock ___ Certification: _____

Is there anything else we should know? _____

EMERGENCY CONTACTS:

#1. Name: _____ Home Phone: _____ Work/Cell Phone: _____

Relationship to Participant: _____

#2. Name: _____ Home Phone: _____ Work/Cell Phone: _____

Relationship to Participant: _____

*Taking part in a Sea to Sky Island Experience is a chance for you to have fun and learn in new and different ways
In this outdoor 'classroom' we pack a lot into each day so come rested and ready to be 'stretched'.*

PLEASE COMPLETE CONSENT FORM ON REVERSE SIDE

Revised 09/09