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### **MEDICAL FORM - Day Programs**

**The information that you provide on this form will be kept confidential.**

It is vital in that it will enable guides / instructors to reduce the risk of injury or illness complications, as well as aiding in the preparation of contingency plans if an emergency does occur. Withholding information may compromise the care provided and may contribute to injury or illness complications.

It will not be used to deny access to the program.

#### **Personal Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Prov./State \_\_\_\_\_  
Postal/Zip Code \_\_\_\_\_ Phone (H) \_\_\_\_\_ Birth date \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Care Card # \_\_\_\_\_

#### **Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
City \_\_\_\_\_ Prov./State \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

#### **Health Information**

How often do you engage in regular physical activity? \_\_\_\_\_ times per week Type of activity? \_\_\_\_\_

Swimming Ability    Poor                  Fair                  Good                  Excellent

Known Allergies (food, drugs, insects, etc) \_\_\_\_\_

Describe reaction \_\_\_\_\_

Chronic Disability or Illness: (ie high blood pressure, heart conditions, epilepsy, diabetes, asthma, hayfever, emphysema; susceptibility to seasickness, colds, headaches, earaches, nosebleeds, fainting)  
\_\_\_\_\_  
\_\_\_\_\_

Are you on any medications? (prescription or nonprescription) \_\_\_\_\_

History of joint injury (tendinitis, bursitis, sprain, dislocation or other): \_\_\_\_\_

Do you feel that you have any psychological limitations (ie fear of water, fear of heights etc)?  
\_\_\_\_\_

#### **Insurance**

Please be sure that your insurance covers expenses caused by accidents in remote locations. Any costs arising from an unscheduled evacuation will be the responsibility of the participants.

#### **Declaration**

The above medical form is complete and accurate. I have read and understood all the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if participant under 18 yrs.)

\_\_\_\_\_  
Date