



Canada West Mountain School

www.themountainschool.com

Ú![*!æ Áæ ^

Ú![*!æ or Trip Date

The purpose of this form is to properly prepare our Guide/instructors (who are trained in first aid) to react appropriately in the case of an emergency. The information is confidential and is not intended to deny you access to the course.

Name _____

Birthdate _____

Address _____

Age _____

Tel (Home) _____

Tel (Work) _____

EMERGENCY CONTACT PERSON

Name _____

Relation _____

Address _____

Tel _____

MEDICAL DATA

Physician's Name _____

Tel _____

Personal Health Insurance # _____

Statement of Physical Condition _____

Date of Last Tetanus inoculation or booster (within 10 yrs. for multiday trips) _____

Are you on any medications (prescription or non-prescription)? Yes ___ No ___

If yes, please specify _____

Have you been under a doctor's care or admitted to hospital in the last 12 months? Yes ___ No ___

If yes, please give details _____

Do you have any known allergies? Please list _____

Chronic disability or illness: (Please list as appropriate i.e. high blood pressure, heart condition, epilepsy, diabetes, susceptibility to colds, headaches, nosebleeds, fainting, asthma, hayfever, emphysema, or others)

History of joint injury: (Please describe and specify which joints i.e. tendonitis, bursitis, sprain, dislocation)

Eyesight: (Excellent, Fair, Poor, Glasses) _____ *If you are dependent upon glasses or contact lenses for adequate vision, a spare set of glasses should be brought with you on field trips.*

Do you have any abnormal limitations? (Please specify) _____

Do you feel that you have any **psychological limitations?** (e.g. fear of heights, water, etc.)

Is there anything else you think you Guide/Instructor should be made aware of?

If any of the above information changes prior to or during the course or trip, I will inform the instructor(s) so that the changes can be recorded.

Signature of Participant _____ Date _____

Signature of Parent/Guardian if participant under 19 _____

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