



summer
SKI & SNOWBOARD CAMP

MEDICAL INFORMATION

Please print out this form, complete it and send it to us with your signed waiver and registration. Please fax to 604-932-0565

Camper's Name: _____

Family Physician: _____

Telephone: _____

Allergies (yes/ no):
If yes please explain: _____

Medical conditions, previous injuries or special diet:

List any medications and reasons for use:

Contact person in case of injury: _____

Contact name (please print): _____

Phone: _____

Summer Phone: _____



AUTHORIZATION FOR TREATMENT OF A MINOR (under 19 years old)

Name of Child: _____

I am over the age of nineteen (19) years old and represent myself as the legal Parent or Guardian of the above noted child.

As Parent or Legal Guardian of _____ (The Child), I hereby authorize the Province of British Columbia, Ministry of Health, Provincial Ambulance Service; and the Whistler Health Care Centre and Their Physicians and Employees to render emergency medical care, treatment and/or transport for the Child as is considered necessary and/or beneficial to the Child and I agree to accept the costs involved for the services.

To the best of my knowledge, _____ is in good health and is physically able to participate in all camp activities.

Signature of Parent/Guardian: _____

Date: _____

Please print name: _____

Health Card No (if you have BC Medical): _____

Province: _____

Credit Card Type: _____

* The credit card is used to pay for emergency medical care for out of province campers. Receipts are issued by Medical Center for insurance applications etc.

Number: _____

Expiry: _____

Name on card: _____