



## 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: \_\_\_\_\_