



# P E R S O N A L P R O F I L E

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](mailto: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