BLUEWATER ADVENTURES SCHOOL PROGRAM FORMS

Each passenger must provide medical and emergency contact information and sign all forms before being permitted to board Bluewater Adventures vessels.All information collected is considered private and confidential.

Name: Preferred Name:

Address:

Home Phone: Grade: School/ Group:

Vessel: Arrival Date:

Personal Information

Gender: ☐ Male ☐ Female ☐ Other

Weight: Height:

Birthday: (M/D/Y) / /

Emergency Contact Information

Name: Cell #

Relation: Other #

Name: Cell #

Relation: Other #

Health & Medical Info

Plan Name: Plan Reference #:

Insuring Company: Telephone # Activation:

Please list any medications (prescription, over-the-counter and natural) that you are currently taking.
Please use a separate sheet if necessary.

Medication Name	Dosage/ Frequency	Side Effects (known & potential)	Reason for Taking

Please describe any dietary sensitivities or alergies that you may have:

When did you have your last tetanus shot? (Recommended re-inoculation every 10 years)

Does your child have or experience any of the following? Please check all that apply.

☐ Diabetes ☐ Heart Condition ☐ Hearing ☐ Asthma ☐ Mobility Issues

☐ Allergies ☐ Seizures ☐ ADHD ☐ Recent Injury/ Surgery/ Illness ☐ Phobias

Please explain any of the checked boxes above and list any other medical condition(s) which affect your child and/or limitations that would impact their participation in the trip. Please describe the symptoms and triggers.