

A Photo for emergency purposes will be taken on arrival day and be placed here.



SeaTrek Ltd Student Health Form

IMPORTANT: Health Form must be submitted to our camp office upon registration. Updates can be submitted later by email. Please ensure it is filled out completely & accurately. Campers cannot attend camp without a current health form on file prior to camp.

PART A: STUDENT INFORMATION (please print)

Last Name: _____

First Name: _____

Middle Initial: _____

Birthdate: (mm/dd/yyyy) _____

Gender: _____ Male _____ Female

Home Address: _____

City/Town: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____ Home Phone: _____

Parent email: _____ Cell Phone: _____

PART B: PARENTS/ GUARDIANS & EMERGENCY CONTACTS (please print)

Marital Status of camper's parents/guardians: _____ Single _____ Married _____ Divorced _____ Widowed
_____ Common Law _____ Other

Legal Custody: Who has Custody and is Legally Responsible for this camper:

_____ Both Parents (live together) _____ Joint Custody _____ Mother _____ Father _____ Grandparents
_____ Guardian _____ Other: _____

****List in order, who should be contacted in case of emergency - be sure to include parents/guardians:****

1st Contact:

2nd Contact:

3rd Contact:

Full Name: _____ Full Name: _____ Full Name: _____

Relationship: _____ Relationship: _____ Relationship: _____

Phone: _____ Phone: _____ Phone: _____

Student's Full Name: _____ DOB: _____

PART C: CAMPERS HEALTH CARE INFORMATION (please print)

Primary Physician: _____ Phone: _____

Address: _____ email: _____

Does the child have a history of any of the following:

Anaphylactic Shock Yes No

Asthma Yes No

Diabetes Yes No

Epilepsy Yes No

Recent Surgery (within the last 12 months) Yes No

Respiratory Problems other than Asthma Yes No

Sinus and/or Ear Problems Yes No

If answered yes to any of the above questions, please explain: _____

If answered yes to anaphylactic shock, Asthma, Diabetes, or Epilepsy, please complete the corresponding action plan. Action Plans are available upon email request to monk@seatrekbvi.com.

Physical activities to be limited or restricted while at camp, if any:

This section to be completed by Primary Physician:

Is it your opinion that the student is medically, physically and emotionally able to participate at the SeaTrek BVI Summer Camp, which includes a high level of physical activity -- including SCUBA diving and lifting of SCUBA diving equipment?

Yes No Physician Signature: _____ Date: _____

Student's Full Name: _____ DOB: _____

PART D: ALLERGIES (please print)

Does your child have allergies. Be Specific and complete the Allergy Action Plan if necessary, which is available upon email request to monk@seatrekbvi.com.

Indicate Type: Drug, Food, Environmental, Insect, Other	Allergen (please be specific)	Type and Severity of Reaction	Management/ Treatment/Medication	Date of Last Reaction

Does your child require an EpiPen? _____ Yes _____ No If yes, please complete the Allergy Action Plan

DIETARY RESTRICTIONS

Please list any dietary restrictions in the space provided:

PART E: MEDICATIONS AT CAMP

Will your child be taking any medications while at camp? _____ Yes _____ No

*If yes, please list any prescription and over-the-counter medications your child will be taking at camp:
(if more room is needed, please attach additional page)*

Name of Medication	Dose	Frequency	Reason

Student's Full Name: _____ DOB: _____

MEDICATIONS AT HOME:

Does your child regularly take and medication that will not be taken at camp? If yes, please explain:

OVER-THE-COUNTER MEDICATIONS AT CAMP:

Please select any of the following over-the-counter medications that may NOT be given to your child while at camp?

_____ Acetaminophen (Tylenol) _____ Antacids _____ Antihistamines (Benadryl) _____ Sudafed
_____ Ibuprofen (Advil) _____ Motion Sickness (Tryptone) _____ Triple Anti-biotic Ointment (Neosporin)

Is there anything the camp needs to be aware of when giving any of the approved medications to your child?

****ALL PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATIONS MUST BE LEFT WITH THE STAFF WHILE AT CAMP**** Prescription medication brought to camp must be in its original packaging and must be labeled with the doctor's name, child's name, child's dosage, schedule, and date.

I verify that all of the above information is correct, and that if any information should change before my child arrives, a new Student Health Form will be completed and forwarded to SeaTrek Ltd. via email to monk@seatrekbvi.com.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(if student is under 18 years of age)