



Sea Smart

**Sea Smart
Fun Ocean Education for Youth**

www.seasmartschool.com
info@seasmartschool.com
@seasmartschool

PARTICIPANT INFORMATION:

Name of Participant _____

Date of Birth _____

Name and Date of Camp _____

List any medications, medical conditions, allergies and/or social or behavioral considerations:

EMERGENCY CONTACT INFORMATION:

Name of Parent/Guardian _____

Parent/Guardian Phone Number _____

Email Address _____

Relationship to Participant _____

Emergency Contact (info must be different from above) _____

Phone Number _____

Relationship to Participant _____

MEDICAL INFORMATION (BC RESIDENTS)

Family Doctor _____

Doctor's Phone Number _____

BC Care Card Number _____

MEDICAL INFORMATION (OUT OF PROVINCE)

Province _____

Medical Number _____

Travel Insurance Provider _____

NAME(S) OF PERSON(S) PICKING UP YOUR CHILD
