



BLUEWATER ADVENTURES SCHOOL PROGRAM FORMS

Each guest 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:

Address:

Phone: Grade: School/ Group:

Cell: Vessel: Departure Date:

Personal Information

Gender: Male Female

Weight: Height:

Birthdate: (M/D/Y)

Emergency Contact Information

Name: Phone #1:

Relation: Phone #2:

Name: Phone #1:

Relation: Phone #2:

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 allergies that you may have:

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

Do you have any of the following medical conditions (currently or a history of)?

Diabetes Heart Condition Hearing Asthma Mobility Issues
 Allergies Seizures Memory Loss Recent Surgery/ Illness Phobias

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