



P.O. Box 2085, Stn. A, Nanaimo, BC V9R 6X5 Phone: 250 713 9708

Please bring this completed form to your first class!

PARTICIPANT MEDICAL INFORMATION FORM

CONTACT INFORMATION

PARTICIPANT: _____ BIRTHDATE: _____

PARENT / GUARDIAN: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

TELEPHONE HOME: _____ BUSINESS/CELL: _____

ALTERNATE CONTACT PERSON: _____

RELATIONSHIP TO PARTICIPANT: _____

TELEPHONE HOME: _____ BUSINESS/CELL: _____

Class(es) registered for: _____

School you attended this year (Optional) _____

MEDICAL INFORMATION

PARTICIPANT'S MEDICAL CONDITION, ALLERGIES AND/OR OTHER TENDENCIES: If you need more space please use the back of this page.

NOTE: ARTS ALIVE staff, leaders or administration may give immediate first-aid care on site, call an ambulance or transport to the hospital your child in the event of an emergency.

DOCTOR'S NAME: _____

LOCATION: _____

PHONE: _____

B.C. MEDICAL NUMBER: _____

Participants in ARTS ALIVE events may be photographed and videoed for archival and promotional purposes only by ARTS ALIVE. By signing this form you are consenting to this. If you are unable to agree, you MUST contact Executive Assistant, Michael Wright, in person at the Summer School office or by phone 250 713 9708.

As a result of your participation in our programs, we may have collected some personal information from you. This personal information may only be used to provide more information regarding the products and services of Arts Alive. We may disclose your personal information only where we are required or permitted by law to do.

SIGNATURE OF PARENT OR GUARDIAN: _____

Date: _____

How did you hear about us? newspaper ___ Leisure Guide ___ school ___
magazine ad ___ friend ___ website ___ other ___