

**COAST STRING FIDDLER ASSOCIATION – SUNSHINE COAST SUMMER SCHOOL OF CELTIC MUSIC  
MEDICAL INFORMATION AND CONSENT FORM**

First Name \_\_\_\_\_ Family Name \_\_\_\_\_ Date of Birth 

<small>day</small>	<small>month</small>	<small>year</small>

  
 Address \_\_\_\_\_

Home Phone ☐ \_\_\_\_\_  
 Name of Parent/Guardian if under 18 years old Work Phone ☐ \_\_\_\_\_

**EMERGENCY CONTACT:** In the event that we are unable to reach the person named above please provide the name(s) of alternate emergency contacts

Name \_\_\_\_\_ Phone ☐ \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone ☐ \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL INFORMATION**

BC Care Card/Medical Number \_\_\_\_\_  
 Doctor (if local) \_\_\_\_\_ Phone ☐ \_\_\_\_\_  
 Physical limitations \_\_\_\_\_ No  Yes   
 Allergies \_\_\_\_\_ No  Yes   
 Dietary needs \_\_\_\_\_ No  Yes   
 Required to take regular medications \_\_\_\_\_ No  Yes   
 Other conditions that the school co-ordinators should be aware of? \_\_\_\_\_ No  Yes

**++ If you answered YES to any of the above please provide details on the back of this form ++**

Illness or injury may occur and immediate medical attention may be necessary. This is my permission for the co-ordinators and volunteers of the Coast String Fiddler Association Summer School of Celtic Music, Roberts Creek, British Columbia to make arrangements for medical attention or qualified surgery for the individual above in the event of an emergency without my prior notification or approval. I understand I will be notified by the quickest means possible if this authority is exercised. I agree to accept financial responsibilities in excess of benefits offered by medical plans or insurance of the school.

Name (print) \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**ACTIVITIES CONSENT FORM (for children 12 and under)**

Activities during the music school may include one or more of the following:-

- walk to the Roberts Creek General store accompanied by parent volunteers and/or youth activities co-ordinator; No  Yes
- excursion to the Roberts Creek Beach at lunch hour accompanied by parent volunteers and/or youth co-ordinator. Swimming will be allowed with the appropriate number of parent volunteers No  Yes
- No  Yes

I hereby consent to my child, \_\_\_\_\_ participating in the above activities noted above during the Sunshine Coast Summer School of Celtic Music.  
 Name (print) \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_