

WESTWIND PARTICIPANT HEALTH INFORMATION FORM – 2013
(for minors present without a parent/guardian)

Name of child _____

Responsible adult(s) _____

Emergency Contact name _____
phone number _____

Current prescriptions _____

Date of last tetanus shot _____

Allergies _____

Other _____

I hereby give permission for the responsible adult named above to make emergency medical decisions for my child during their visit to Westwind. I have spoken to my child and discussed the requirement that they be with an adult whenever on the beach. I have also spoken to the sponsoring adult and they have agreed to provide direct supervision to my child whenever visiting the beach. I understand that my child will not be welcome at future Westwind trips if found on the beach unsupervised.

signature _____

parent name (print) _____

date _____