# Diver's World

## Participant Medical & Emergency Information

Participant Name: _____

Activity: _____ Date of Birth: _____/_____/_____

**If participant is under 18:**

Parent/Guardian Name(s): _____ Primary Phone Number: _____

Parent/Guardian Name(s): _____ Primary Phone Number: _____

Email Address: _____

**Emergency Contact Information**

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

**Medical Information**

Does participant have any medical conditions involving the ears, lungs or heart? ☐ Yes ☐ No If yes, please explain:

_____

_____

Does the participant experience seizures, shortness of breath, anxiety, or struggle to perform moderate exercise?

☐ Yes ☐ No If yes, please explain:

_____

_____

Does participant take any medications? Please list them below.

_____

_____

Will participant need to take medication during the event?
☐ Yes ☐ No If yes, please explain:

_____

**Allergy Information**

Does participant have any allergies?

☐ Food Allergies ☐ Medication Allergies ☐ Environmental Allergies ☐ Other

Please explain all allergies and any necessary precautions:

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Does participant carry an EpiPen or other emergency medication?

☐ Yes ☐ No

If yes, please explain instructions for use:

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**Swimming & Comfort Level**

Does participant swim independently?

☐ Yes ☐ No

Has participant been active in swimming or any other water related activities before?

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**Authorized Pick-Up Information (If Applicable)**

Please list anyone authorized to pick up participant from event:

Name and Relationship:

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**Anything Else We Should Know?**

Please share any additional information that would help us provide participant with a safe and enjoyable experience.

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**Participant Authorization**

I certify that the information provided above is accurate to the best of my knowledge. I authorize the staff of Diver's World to provide basic first aid treatment for minor injuries as needed.

Participant Signature: _____ Date: _____

**Parent/Guardian Authorization**

In the event of a medical emergency, I authorize Diver's World staff to contact Emergency Medical Services (EMS) and seek appropriate medical care for participant if I cannot be reached immediately.

Parent/Guardian Signature: _____ Date: _____