



BELLA COOLA HELI SPORTS GUEST MEDICAL AND INFORMATION FORM
PLEASE PRINT AND FAX OR SNAIL MAIL THIS FORM ALONG WITH YOUR BOOKING FORM.

This information is strictly confidential between Bella Coola Heli Sports and yourself. Details listed here will remain confidential. Only Doctors, BCHS Management and our certified Guides will see them.

Please write in block letters and as clearly as possible. Thank you.

| | |
|--|---------------------|
| Name: | Birth Date: |
| Address | |
| Email: | |
| Credit Card #: Visa M/C | Expiry Date: |
| Telephone / Home #: | Work#: |

Do you have any known allergies or dietary concerns? If yes please explain. Y / N

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If you have allergies, do you carry antihistamines and an Epi Pen with you at all times? Y / N

Do you take any medications on a regular basis (prescription or non-prescription)? If yes please explain. Y / N

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Do you have any physical limitations which may affect your ability to participate fully in the trip? If yes please explain. Y / N

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Do you have any psychological limitations, which may affect your ability to participate fully in the trip? If yes please explain. Y / N

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Have you ever had a stroke? If yes please explain. Y / N

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What is your blood type?

EMERGENCY CONTACT

| | |
|----------------------------|----------------------|
| Next of Kin: | Relationship: |
| Address: | |
| Email: | |
| Telephone / Home #: | Work#: |