

**Pretty SAFE Enterprises – RED CROSS FIRST AID COURSES  
Registration - Medical Information & Waiver Form**

(\*\* are mandatory fields that are required in order to process your certification.)

COURSE: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION \_\_\_\_\_

LEVEL OF TRAINING - Course Name Emergency Child Care Re-certification\*\* Yes / No

NAME FIRST\*\* \_\_\_\_\_ LAST\*\* \_\_\_\_\_ \*\* SEX: Male: \_\_\_ Female: \_\_\_

BIRTH DATE\*\*: \_\_\_\_\_ DD/MM/YEAR E Mail\*\*: \_\_\_\_\_

ADDRESS\*\* STREET \_\_\_\_\_ CITY\*\* \_\_\_\_\_

PROVINCE\*\* \_\_\_\_\_ POSTALCODE\*\* \_\_\_\_\_ PHONE\*\* \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAMILY DOCTOR (NAME AND PHONE): \_\_\_\_\_

MEDICAL CONCERNS: i.e. allergies, seizures, chronic conditions, etc. Please be specific.

MEDICATIONS	DOSAGE	FREQUENCY

Have you had any recent injuries or illnesses? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ (if under 18 yrs. of age)

**IF PAYING BY CREDIT CARD FILL IN BLOCK BELOW**

PSE Can Charge my Visa/ Master Card the amounts indicated or in full (circle one)	
Card # _____	Expiry ___ MM ___ YY Sec # _____
Name on Card _____	Signature _____

**PHYSICAL ACTIVITY AND HEALTH QUESTIONNAIRE  
PSE FIRST AID COURSE**

For Most people the physical activity of this course should not poser a problem or hazard. Using this questionnaire we can identify the small number of people for whom this type of activity may be inappropriate. If you answer yes to one of the questions listed below, your participation in a first aid training program may put you at risk.

- |     |   |   |   |
|-----|---|---|---|
| 1.  | Have you ever had or has your doctor ever said you have heart trouble?  | Y | N |
| 2.  | Do you frequently have pain in your heart or chest?   | Y | N |
| 3.  | Do you often feel faint or have spells of severe dizziness?   | Y | N |
| 4.  | Has a doctor ever said your blood pressure is too high?   | Y | N |
| 5.  | Has your doctor ever told you that you have a bone or joint problem that may be aggravated by exercise?   | Y | N |
| 6.  | Is there a physical disability that would prevent you from participating in an activity program that requires you to move around (including bending or kneeling on the ground)? | Y | N |
| 7.  | Has your doctor ever indicated that you have any medical conditions that would prevent you from participating in mild physical activity?  | Y | N |
| 8.  | Have you come into contact with, or are you in the stage of any infectious process such as Hepatitis B, Herpes Simplex I or II (Cold Sores) or HIV?                             | Y | N |
| 9.  | Are you pregnant?   | Y | N |
| 10. | Have you ever had skin sensitivity to latex?  | Y | N |

IF YOU HAVE ANSWERED, "YES" TO ANY OF THESE QUESTIONS YOU MUST DISCUSS YOUR ANSWER WITH YOUR INSTRUCTOR

***FIRST AID COURSE AND TRAINING RELEASE AND WAIVER***

***ANSWERED NO TO ALL QUESTIONS***

I have answered the physical activity and health questionnaire honestly to the best of my knowledge. I fully understand the requirements of this course / program and voluntarily assume the risks of doing so. I hereby waive all claims I might have against the instructor, Michael Pretty, Pretty SAFE Enterprises and the Red Cross as a result of participating in the program, including claims for general damages (out of pocket expenses and wages), legal costs and all losses of any kind whatsoever.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ DD-MM-YYYY

OR

***ANSWERED "YES" TO ONE OR MORE QUESTIONS***

I have answered the physical activity and health questionnaire and responded "yes" to question(s) \_\_\_\_\_. I have been counseled by the instructor not to participate in this program given my response. However I insist on doing so and voluntarily assume the risks of doing so. I hereby waive all claims I might have against the instructor, Pretty SAFE Enterprises, and the Red Cross as a result of participating in the program, including claims for general damages (out of pocket expenses and wages), legal costs and all losses of any kind whatsoever.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ DD-MM-YYYY