

# Personal Health & Emergency Contact Form

## Ridge Canoe and Kayak Club

Name: \_\_\_\_\_

Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Provincial Health Number (optional): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Business Telephone Numbers: Mother ( \_\_\_\_\_ ) \_\_\_\_\_

Father ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate emergency contact (if parents are not available)

Name: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Allergies or other medical problems:

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

Reaction and treatment or medication required:

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

Does your child carry the required medication with them: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby authorize the person/persons in charge to secure such medical advice and services deemed necessary for the health and safety of my child (or ward).

Signature: \_\_\_\_\_

(Of parent or guardian if applicant is under Provincial Legal age)

Date: \_\_\_\_\_