

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: _____