



2012- 2013 Personal Health Form Ridge Canoe and Kayak Club

Name: _____
Surname Given Name

Address: _____

Birth date: _____
Year Month Day

Parent or Guardian: _____

Contact Number: Home _____
Work _____
Cell _____

Emergency Contact (other than listed above)

Name: _____
Phone: _____

Medical Insurance Number: _____

Family Physician's Name: _____

Contact Number: _____

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: _____