

Personal Health Form



Name: _____ Date of Birth (dd/mm/yy): _____

Street Address: _____

Email Address: _____

Mother's or Guardian's Name: _____

Mother's Phone: Work _____ Cell _____ Home _____

Father's or Guardian's Name: _____

Father's Phone: Work _____ Cell _____ Home _____

Emergency Contact Name (other than above): _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Insurance Number: _____

Physician's Name: _____ Physician's Phone: _____

Allergies or Other Medical Problems: _____

Reaction and/or treatment/medication required? YES/NO Instructions attached? YES/NO

Does the member carry the required medication with them? YES/NO

In completing this form I/we hereby authorize the person/persons in charge to secure such medical advice and services deemed necessary for the health and safety of the named Kamloops Canoe and Kayak Club member. We understand that this form will be shared with the coach/coaches and staff involved in the specific projects that the member is participating in and that we may be contacted prior to the start of the project if more details are required.

Parent/Guardian's Signature for those under 19 years: _____ Date:(dd/mm/yy)

This form will be valid for one year from the date of completion. Any changes to the information above will require the submission of a new form.

Members under legal age must print the completed form and requires the signature of a parent or guardian . The form will be valid for one year from the date of completion. Any changes to the information above will require the submission of a new form.