|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Contact and Medical Information | | | | | | | | | | | | | |
| **Fill out this form, print and carry in a zipper-style baggie in an outside pocket of your daypack.**  **Let others know where it is.** | | | | | | | | | | | | | |
|  | | | | | |  |  | | | | | M |  |
| My Name | | | | | |  | Date of Birth | | | | | F |  |
| Enter your full name. | | | | | |  | yyyy-mm-dd | | | | | | |
| Home Phone |  | Mobile Phone | | | |  | Health Insurance Number | | |  |  | | |
| Click here to enter text. |  | Click here to enter text. | | | |  | Click here to enter text. | | | | | | |
| Address | | | | | |  |  | | | | | | |
| Street Number and Name | | | | | |  | City, Province, Postal Code | | | | | | |
| Emergency Contact | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | |  |  | | | | | | |
| Primary Emergency Contact | | | | | |  | Secondary Emergency Contact | | | | | | |
| Click here to enter text. | | | | | |  | Click here to enter text. | | | | | | |
| Phone # |  | Alternate Phone # | | | |  | Phone # | | |  | Alternate Phone # | | |
| Click here to enter text. |  | Click here to enter text. | | | |  | Click here to enter text. | | |  | Click here to enter text. | | |
| Address | | | | | |  | Address | | | | | | |
| Click here to enter text. | | | | | |  | Click here to enter text. | | | | | | |
| City, Province, Postal Code | | | | | |  | City, Province, Postal Code | | | | | | |
| Click here to enter text. | | | | | |  | Click here to enter text. | | | | | | |
| Medical Information | | | | | | | | | | | | | |
| Height Click here to enter height. | | | | | Eye Colour Click here to enter eye colour. | | | | | | | | |
| Weight Click here to enter weight. | | | | | Distinguishing Marks or Features Click here to enter text. | | | | | | | | |
| Food Allergies | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Family Doctor | | | | | | | | | | | | | |
| Family Doctor’s Name. | | | | | | | |  | Family Doctor’s Phone Number. | | | | |
| Family Doctor’s Address. | | | | | | | | | | | | | |
| Out-of-Province Travel Health Insurance Company + Phone Number | | | | | | | |  | Policy Number | | | | |
| Click here to enter text. | | | | | | | |  | Click here to enter text. | | | | |
| Drug Allergies and other Special Health Considerations (high blood pressure, diabetes, heart disease, asthma, epilepsy, etc.) | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Medications (purpose, dosages) | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| Date of last tetanus booster: | | |  | yyyy-mm-dd | | | | | | | | | |

Courtesy of [**Wilderness Adventurers of Ontario**](http://www.wildernessadventurers.com/)