|  |
| --- |
| 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/)