

EMERGENCY MEDICAL INFORMATION  
PEMBERTON CANOE ASSOCIATION

Paddler Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

BC Medical Services Plan Personal Health No.: \_\_\_\_\_

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

\_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Carries Epi pen?       Yes     No                      Carries Ana Kit?       Yes     No

Medical/physical conditions that may affect participation in paddling (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

\_\_\_\_\_

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

\_\_\_\_\_

\_\_\_\_\_

Other Health/Medical/Dietary Concerns:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts (two contacts outside of the household please):

1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_