



FORT LANGLEY CANOE CLUB

DRAGON BOAT • OUTRIGGER • VOYAGEUR

Personal Health Form for Team Use Only

To be retained by Team Managers and not to be forwarded to Club Directors

The information collected on this form is for team use only and in accordance with FLCC's Privacy Policy, which is available on our website at [www.fortlangleycanoecub.ca/club info/documents/forms](http://www.fortlangleycanoecub.ca/club%20info/documents/forms). This form should be provided to the Team Manager of **EVERY** team you paddle with and updated yearly. We recommend that you also carry this form with you in your PFD at all times.

Please **PRINT** clearly and complete all fields

Personal Information:

FLCC Team Name:		Birthdate yyyy/mm/dd:
First & Last Name:		Personal Health Number:
Street Address:		
City:		Postal Code:
Mobile Phone:		Home Phone:
Email Address:		

Emergency Contact Information (list 2 contacts):

Name:		Relationship:
Email Address:		Mobile Phone:
Name:		Relationship:
Email Address:		Mobile Phone:

Medical Information:

Physician's Name:		Phone Number:
List all Medical Concerns: (including allergies & reactions)	Please provide details:	
Emergency medication carried:	Please provide details & details of use:	
Circle Swim Level:	Non-swimmer	Basic Advanced
Other water sport skills:		

Consent Information:

<input type="checkbox"/> I give my consent that if an emergency medical situation arises, the Club and/or person(s) in charge may act on my behalf for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken.		
<input type="checkbox"/> I will advise the Club of any changes in my medical condition.		
PRINT Name:		Today's Date:
Signature:(or guardian if under 19 years of age)		