



CKBC - Tamihī Five-0 Open Canoe Slalom
Medical Form



Participant Name: _____

Contact Details: As per CKBC Membership Form

Emergency Contacts:

1. Name _____ Relationship _____
 Home Phone _____ Work Phone _____
 Cell Phone _____

2. Name _____ Relationship _____
 Home Phone _____ Work Phone _____
 Cell Phone _____

Medical Information:

INFO	DESCRIPTION OF CONDITION	PROCEDURE IN CASE OF DIFFICULTY
Injuries:		
Allergies:		
Disabilities:		
Illness:		

Do you carry any required medication(s) with you?

Other comments?

Signed: _____

Date: _____