

PRCC Paddler Medical and Emergency Information

Please complete this form and **seal it in a business sized envelope with your name and "Emergency Information" written on the outside.** Return it along with your other registration forms. This information will be kept sealed and on file in case of emergency, and will be returned to you or shredded at the end of the season.

Name: _____

Date of Birth: _____ Care Card Number: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: (H): _____ (W): _____ (C): _____

Name: _____ Relationship: _____

Phone: (H): _____ (W): _____ (C): _____

Medical Information

Describe any medical conditions that emergency personnel should be aware of:

List any procedures that should be followed in case of an emergency (eg: do you keep any medications with you that emergency personnel should know about?):

List any medications you are currently taking or that you use routinely (eg: seasonal allergy medications):

Allergy Information

Describe any severe allergies that you have to any of the following:

Foods: _____

Medications: _____

Other (eg: insects, plants): _____

List any procedures that should be followed in case of an emergency (eg: do you keep an EpiPen in your paddle bag?):

Certification

I certify the following:

- I will update the above information should my medical condition or emergency information change during the season.
- I will inform the coach and/or fellow paddlers of any medical conditions which could affect my paddling or safety while on the water, and the best treatment for these conditions. Such conditions include, but are not limited to, seizures, cardiovascular or respiratory conditions, bee sting allergies, and injuries.

Signature of Paddler

Date

Please complete the information below if paddler is under 19 years old:

Parent's Signature

Parent's Name (please print)