



# Kamloops Interior Dragonboat Society Medical Form

**Please print your answers to all questions**

First Name			
Last Name			
Address 1			
Address 2			
City		Postal Code	
Home Phone		Cell Phone	
PHN (Health #)		Birthdate	mm/dd/yy
Dr. Name		Dr. Phone	
Emergency Contact		Phone #	
Health conditions (includes allergies, medications and any diagnoses Please use other side if required			
Medication carried on you			
Swim Level (please circle)	Non-swimmer	Basic	Intermediate      Advanced
Any current, formal medical training			
I hereby authorize the person/persons in charge to secure such medical advice and services deemed necessary for my health and safety. I will advise the Club of any changes in my medical condition.	Signature		
	Date (mm/dd/yy)		

*This form will be brought on the boat during every practice and festivals*

*March 14, 2020*