



Kamloops Interior Dragons Society (KIDS) Medical Form

Please print your answers to all questions

First Name		Last Name	
Address 1		Address 2	
City		Postal Code	
Preferred Phone		Email	
Gender:	F M X	PHN (Health #)	
Emergency Contact		Phone #	
Dr. Name		Dr. Phone	
Health conditions (includes allergies, medications and any diagnoses. Please use other side if required.			
<p>All participants must be double vaccinated for COVID-19 in order to participate in the 2022 paddling season. Vaccination passports and Government issued photo identification must be provided prior to your first practice.</p> <p>I am double vaccinated for COVID-19: Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
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 festival.