

Certificate of Health

Participants Information

Name: _____

Address: _____

Phone number: _____

Email address: _____

Health card #: _____

Doctor's name: _____

Doctor's phone number: _____

Emergency Contact Information

Emergency contact: _____

Relationship: _____

Phone number (day): _____

Phone number (evening): _____

Pertinent Medical Information

(heart condition, seizures, respiratory difficulties, recent surgery, medications, etc)

Allergies & Sensitivities & Dietary Concerns

I give arising representatives permission to act on my behalf in the event of injury or accident during this excursion.

Signature of Participant: _____ **Date:** _____.