

Ottawa West End Community Chaplaincy
CANOE TRIP HEALTH REGISTRATION

Family Name: _____

Address: _____
_____ Telephone: _____

Child(ren)'s Date of Birth: _____

Child(ren)'s Health Card Number: _____

Doctor's Name: _____ Telephone: _____
Address: _____

Are there any medical problems that we should be aware of?

Do you have any seasonal, food, or medical allergies?

Are you on any medications at this time? If yes, please list them.

I understand that I am totally responsible for administering any medication that I must take. I also give permission for the Ottawa West End Community Chaplaincy to obtain any emergency care needed in case of illness or accident.

Parent's Signature: _____ Date: _____

Child's Signature: _____ Date: _____