

**Emergency Contact Information Form**

Your Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Brief medical history:**

Information you provide will not be used to assess your eligibility for participation in this program. List any health concerns of which we should be aware, such as drug or food allergies or concerns, major or chronic illnesses, mental or physical conditions or other medical problems for which you require ongoing medical treatment. The above information is collected to ensure your personal safety and will be kept confidential for the duration of the activity (records will be destroyed after your return to Canada). Attach separate sheet if necessary and note here.

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