

Health / Contact Information

Rider Name: _____

Date of Birth: _____ (dd/mm/yy)

Phone: home: _____ other: _____

Email address: _____

Mailing Address: _____

Postal Code: _____

Health Card Number _____

Doctor's Name: _____ Phone: _____

Date of last tetanus shot: _____

Any health conditions, past injuries, allergies, illness, of which staff should be aware:

Please specify treatment for above:

Please list any medication that rider is bringing:

EMERGENCY CONTACTS:

1. Parent's Name: _____

Bus Phone: _____ Cell Phone: _____

2. Parent's Name: _____

Bus Phone: _____ Cell Phone: _____

3. Other (emergency) contacts:

Name: _____ Relationship _____

Phone: _____

Name: _____ Relationship _____

Phone: _____