



**820 CHRIS HADFIELD SQUADRON
ROYAL CANADIAN AIR CADETS**

**CADET & PARENT EMERGENCY CONTACT
INFORMATION**

CADET CONTACT INFORMATION

Surname:		Rank:
Given Names:		Home Phone:
Email:		
Cell Phone:	Other:	Date of Birth: YYYY/MM/DD:

EMERGENCY CONTACT (Not at same address as Cadet & Parents/Guardians)

Surname:		Relationship:
Given Names:		Mr/Mrs/Ms:
Address:		
City:		Postal Code:
Home Phone:		Work/Cell Phone:

MEDICAL INFORMATION

Health Card No:		Expiry Date:
Physician's Name:		
Physician's Address:		
City:		Postal Code:
Office Phone:		
Medications Prescribed:		
Allergies:		
Dietary Restrictions:		