



YETI Outdoor Program

Medical Form

Name: _____

Health Card # _____

Daytime Emergency Contact (name and phone): _____

Evening Emergency Contact (name and phone): _____

Relevant Past Injuries: Ex: Knee ligament tear, Concussion, etc.

Medications: Ex: Epinephrine, Ventalin.

Allergies: Ex: Bee sting, penicillin, etc.

Please contact Jason Fisher @ jason.fisher@sd8.bc.ca or 1.250.428.2274 if any of the above information changes during the year.