



676 Lorne Scots Royal Canadian Army Cadets

91 Todd Rd

Georgetown, Ontario

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www.georgetownarmycadets.ca



This form is to be completed upon enrolment, each September and when information changes. It is the responsibility of the Parent or Guardian to ensure correct information is on file at all times.

Emergency Contact Form

Section 1. Cadet Information

Cadet Surname:	_____
Given & Middle Names:	_____
D.O.B:	_____
Health Card Number:	_____
Family Doctor	_____
Family Doctor Phone	_____
Known Allergies:	_____

Medication being used:	_____

Physical Limitations:	_____

Section 2. Parent/Guardian Information

Name of Parent:	_____	Cell Number:	_____
Home Phone:	_____		_____
Name of Parent:	_____	Cell Number:	_____
Home Phone:	_____		_____
Email Address:	_____	Please include me on the 676 email list	<input type="checkbox"/> Y <input type="checkbox"/> N

Section 3. Emergency Contact Information

Name of primary emergency contact:	_____	Cell Number:	_____
Home Phone:	_____		_____
Relationship to Cadet:	_____		_____
Name of secondary emergency contact:	_____	Cell Number:	_____
Home Phone:	_____		_____
Relationship to Cadet:	_____		_____

Section 4. Authorization for Emergency Medical Treatment

The Commanding Officer (or designate Supervisory Officer) is authorized temporary custody of my son/daughter/ward during Cadet activities and on my behalf, may consent to his/her emergency medical/dental treatment as required.	
Date:	Signature of Parent or Guardian: