



Health Form 2025

Please answer the following to the best of your knowledge.

Complete both pages, sign and email to infocanoe@pointe-claire.ca

The content of this form is confidential and the information entered is only accessible to staff members who may have to intervene in an emergency with the participant.

Participant Information

Prénom First Name		Last Name			
Gender	Birth date (YY/MM/DD)	Health Card Number		Expiry date (YY/MM)	
Address		City		Province	Postal Code
Home		Work		Mobile	
<input type="checkbox"/> Email					

Parent #1 (if applicable)

First Name		Last Name			
Home		Work		Mobile	
<input type="checkbox"/> Email					

Parent #2 (if applicable)

First Name		Last Name			
Home		Work		Mobile	
<input type="checkbox"/> Email					

Emergency contact

First Name		Last Name		Relationship
Home		Work		Mobile

Swimming skill level

Does not know how to swim Beginner Intermediate Advanced

Signature	Date (MM/DD/YYYY)
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PLEASE COMPLETE THE NEXT PAGE AND INITIAL →

Known health issues

Chronic diseases, metabolic disorders, asthma, etc.

Allergies

Specify allergies and emergency measures if applicable (for example: EpiPen)

Medication

Prescription, over-the-counter or alternative/complementary treatment

Medication #1	Reason
Medication #2	Reason
Medication #3	Reason
Medication #4	Reason

Disabilities, restrictions and injuries requiring activity adaptation

When possible, specify the cause and date.

Additional information

Cognitive, emotional, behavioral disorders or any other information deemed relevant.

Initials _____