



**700 (DAVID HORNELL VC) SQUADRON
ROYAL CANADIAN AIR CADETS**

EMERGENCY CONTACT INFORMATION

ALTERNATE CONTACT (Not at same address as Cadet Parents / Guardian)

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

MEDICAL INFORMATION

Health Card No:		Expiry Date:	
Physician:			
Address:			
City:		Postal Code:	
Office Phone:			
Medications Prescribed:			
Allergies:			
Diet Restrictions:			