



UNDER THE CROSS EQUESTRIAN CENTRE

3410 Latimer Road, Elginburg ON
K0H 1M0
613.541.1408

Health Form

Participant

Staff

Volunteer

Name: _____

Date of Birth: _____ Phone: _____

Address: _____

Email: _____

Physicians Name: _____

Preferred Medical Facility: _____

Health Card Number: _____

Allergies: _____

Medications: _____

In Case of Emergency, Contact:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____