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| --- |
| **This paddler’s details** |
| Name: |  |
| Date of birth: |  |
| Address and contact number: |  |
| Medical data |
| Relevant medical conditions and allergies: |  |
| Relevant medications/ control measures: |  |
| Blood group: |  |

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| **In case of emergency contact details** |
| Primary emergency contact |  |
| Name: |  |
| Relationship: |  |
| Contact number: |  |
| Alternative contact |
| Name: |  |
| Relationship: |  |
| Contact number: |  |

**Angus Canoe Club In Case of Emergency Card (ICE card)**

Please fill in the above card and print it out. It can be folded in two and laminated. You may wish to consider securing your card (for example attaching to a lanyard) and marking the pocket that contains your card with the letters I.C.E.

You are respectively requested to carry your ICE card in your buoyancy aid on all ACC paddles.

**Relevant medical information**

Please record any medical information/circumstances your health that may be relevant to your paddling, and any medications/control measures that may be required. Please indicate if you are carrying your medication during your paddle. Any of the following should be noted, along with other relevant conditions not listed here: sea-sickness, asthma, diabetes, epilepsy, muscular/skeletal issues, allergies, heart conditions, hearing or visual problems.

