

Emergency Information Form



SCFS is a remote and rugged wilderness location, without ready access to medical services. For your safety, and that of others, it is essential to inform us of any medical conditions that could affect your ability to do your work or require medical attention during your stay. This information will be kept confidential by the Station Coordinators.

Name: _____ **Date (dd/mm/yyyy):** _____
Email: _____ **Date of Birth (dd/mm/yyyy):** _____
Phone #: _____ **Gender (for accommodation purposes):** _____
Mailing Address: _____

SIN # (Only required for staff or volunteers receiving a stipend): _____

Health Care Supplier and Number: _____

Emergency Contacts:

Name:	Relation:	Phone #:
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Allergies and Dietary Restrictions: Please list allergen, reaction (mild, moderate, severe), and name and dosage of any medications taken.

Conditions (e.g., but not limited to, diabetes, epilepsy, mental health): Please list condition, severity (mild, moderate, severe), and name and dosage of any medications taken:

Injuries: Please list any major injuries or recent surgeries that may affect your ability to conduct physical labour (including lifting and carrying, and walking over uneven ground), severity (mild, moderate, severe), date, and current status (resolved, chronic, acute), and name and dosage of any medications taken:

Current tetanus shot (within the last 10 years): Y N (This is necessary to stay at Salmon Coast!)

Please list any current First Aid and/or Boating Certificates: _____