



EMERGENCY CONTACT FORM

Victoria Golf Club

Please complete and return this form to the Pro Shop prior to the start of the program.

Please also attach a current photo of your child to this form for better identification.



Child's Personal Information

Child's First Name

Child's Last Name

Gender

Male

Child's Birthday

Female

Home Address

City

Province

ZIP Code



Parent/Guardian *Emergency Contact #1*

Full Name

Relationship

Home Phone

Cell Phone

Work Phone

E-mail

Parent/Guardian *Emergency Contact #2*

Full Name

Relationship

Home Phone

Cell Phone

Work Phone

E-mail



Medical Information

Child's Medical
Doctor

Phone #

Child's Medical
Number

Provide Allergies or
Medical Conditions

Provide Medications
Required for
Allergies or Medical
Conditions

In Case of Emergencies

**I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR
AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE
REACHED.**

Signature of Parent/Guardian:

Date:
