PARTICIPANT EMERGENCY INFORMATION FORM

Name:	scklist	anning Ch	Sex()M()F
Birthdate:	day:	month:	year:
Address:			
Person to contact in Relationship:	case of eme	ergency:	Structure and organization
Telephone, day:	ical Indication	ini) benulturda As	or The practica is organized and we
Telephone, evening:		ce	ell:
Alternative contact pe Relationship:	erson:	s error sett volument	a Tree sunger of the precion in appropr
Telephone, day:	organism of	Internglupe bee as	efficial elascours to commit was earlied
Telephone, evening:		ce	H: a store a social angle post public C
Name of family doctor:			And the second s
Telephone, family doct	or:		
Health insurance numb	er:	male as men est	Prov/Terr:
Important medical cons	siderations:		
Medications:	and the second		Choice of the activities are secondary to the
Allergies:	application of the	rever i special from it	the act of polynomena control on T. L
Blood type:		the	a. The activities are estaward to the apo
Previous serious injurie	es or illnesse	es:	Success and characteristic and and a
Can the participant/ath	lete adminis	ter his/her own	medication(s)?
Yes: No:			
Other (prosthesis, conf	tact lenses, e		a Passitial evacamental imperance
		o compression, at	The second or president of the second
Parent signature:		-	Date:

Note: The participant/athlete Emergency Information Form is a confidential document.