

## PARTICIPANT EMERGENCY INFORMATION FORM

<b>Name:</b> _____		Sex ( ) M ( ) F	
Birthdate:	day: _____	month: _____	year: _____
Address: _____			
<b>Person to contact in case of emergency:</b>			
<b>Relationship:</b> _____			
Telephone, day: _____			
Telephone, evening: _____		cell: _____	
<b>Alternative contact person:</b>			
<b>Relationship:</b> _____			
Telephone, day: _____			
Telephone, evening: _____		cell: _____	
Name of family doctor: _____			
Telephone, family doctor: _____			
Health insurance number: _____		Prov/Terr: _____	
Important medical considerations: _____ _____			
Medications: _____ _____			
Allergies: _____ _____			
Blood type: _____			
Previous serious injuries or illnesses: _____ _____			
Can the participant/athlete administer his/her own medication(s)?			
Yes: _____		No: _____	
Other (prosthesis, contact lenses, etc.): _____ _____			
Parent signature: _____		Date: _____	

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