

Victoria City Rowing Club Athlete Emergency Information Form

Name:	Sex () M () F
Birth date: day: ____ month: ____ year: ____	
Address:	
Person to contact in case of emergency:	
Telephone, day:	
Telephone, evening:	
Alternative contact person:	
Telephone, day:	
Telephone, evening:	
Name of family doctor:	
Telephone, family doctor:	
Health insurance number:	
Important medical considerations:	
Medications:	
Allergies:	
Previous serious injuries or illnesses:	
Can the participant/athlete administer his/her own medication(s)? Yes: No:	
Other (prosthesis, contact lenses, etc.):	

Note: The Participant/Athlete Emergency Information Form is a confidential document.

