

# Victoria City Rowing Club Athlete Emergency Information Form

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

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

