

# Victoria City Rowing Club Athlete Emergency Information Form

<b>Name:</b>
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.**

