

# ATHLETE EMERGENCY INFORMATION FORM

## Personal Information:

Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Birth Date: Day: ___ Month: _____ Year: _____		
Street Address:	City:	Postal Code:

## Emergency Contact:

Name:	Relationship to Athlete:
Telephone, day:	
Telephone, evening:	

## Medical Information:

Name: of family doctor:
Telephone of family doctor:
Alberta Health Care Number:
Important medical considerations:
Medications:
Allergies:
Blood type:
Previous serious injuries or illness:
Can the participant/athlete administer his/her medications(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>
Does/should the athlete carry medication(s), inhaler, epi-pen etc. with them at archery? YES <input type="checkbox"/> NO <input type="checkbox"/>
Other (prosthesis, contact lenses, etc.):