

Sample Participant/Athlete Emergency Information Form



Personal Information

Name:	Sex : M <input type="checkbox"/> F <input type="checkbox"/>
Birth date: day: _____ month: _____ year: _____	
Address:	

Emergency Contact

Name:
Telephone, day:
Telephone, evening:

Medical Information

Name of family doctor:
Telephone of family doctor:
Health Insurance number:
Important medical considerations:
Medications:
Allergies:
Blood type:
Previous serious injuries or illnesses:
Can the participant/athlete administer his/her own medication(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (prosthesis, contact lenses, etc.):

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