



island triathlon

EMERGENCY CONTACT & MEDICAL INFORMATION FORM

(Please Print)

Today's date:			
ATHLETE INFORMATION			
Last Name:	First:	Middle:	Birth Date: ____/____/____ (Day/Month/Year)
Street address:	Cell Phone No.: ()	Home Phone No.: ()	
City: VICTORIA	Province: BC	Postal Code:	
Email Address:			
MEDICAL INFORMATION			
Physician's Name:	Physician's Phone No.:		
Allergies:			
Medical Conditions:			
Medications:			

INSURANCE INFORMATION		
Care Card No.:		
Name of secondary insurance (if applicable):	Group No:	Policy No.:

IN CASE OF EMERGENCY			
Name of local friend or relative:	Relationship to athlete:	Home Phone No.:	Work &/or Cell No.:
		()	()
_____ <i>Athlete's signature</i>		_____ <i>Date</i>	