Emergency Information Form – Please complete for each team member

NOTE: The following information is treated as confidential and is only for use in case of emergency.

Full name:	
Date of Birth (DD/MM/YYYY):	
Street Address:	
City, Prov., Postal Code:	
Phone (home/work/cell):	
Email address:	Care Card Number:

EMERGENCY CONTACT

Full name of contact:
Relationship:
Street Address:
City, Prov., Postal Code:
Phone (home/work/cell):
Email address:

MEDICAL (optional)

Do you have any medical conditions that could affect your safety in the field?
Yes [ ] No [ ] If yes, please describe:

Do you carry any medications for emergency use?
Yes [ ] No [ ] If yes, please describe:

Do you carry an epinephrine pen? **Yes [ ] No [ ]**
Do you have any known allergies? **Yes [ ] No [ ]** If yes, please describe: