



Emergency Contact Information

**Please note this form is voluntary and confidential.*

PERSONAL INFORMATION
Name:
Address:
Phone Number:
Email:

EMERGENCY CONTACT (S)	
Name:	Name:
Relationship:	Relationship:
Phone Number:	Phone Number:

Do you have any allergies? _____

Do you have any past or current medical condition(s): _____

Are you on any medication(s): _____

Blood Type: A+ B+ O- A- AB+ B- AB-

Health Care Number: _____ Province: _____