

Participant Emergency Contact Information

This information will remain confidential unless requested by Canada Olympic Park and/or Ski Nakiska Medical Services and/or paramedics in the event of an emergency occurring during the student's participation in the CADS program.

Participant's full legal name: _____

Parent or Legal Guardian: _____

*You must provide emergency contact information for someone **who will be available and can be contacted in the evening on lesson nights in the event of an emergency:***

Emergency contact name: _____ **Relationship to student:** _____

Emergency contact numbers during program hours (please list the first number we should call followed by a second alternate number):

Is emergency contact person at COP during lessons? Yes No

Student date of birth: _____ **Alberta Health Care Number:** _____

Family Physician's Name: _____

Family Physician's Phone Number: _____

Allergies: _____

Medical conditions: _____

Medications: List all medications, what each medication treats, the dosage, and time of dosage:

1. Medication: _____ For treatment of: _____

Dosage: _____ Time of dosage: _____

2. Medication: _____ For treatment of: _____

Dosage: _____ Time of dosage: _____

3. Medication: _____ For treatment of: _____

Dosage: _____ Time of dosage: _____

4. Medication: _____ For treatment of: _____

Dosage: _____ Time of dosage: _____

5. Medication: _____ For treatment of: _____

Dosage: _____ Time of dosage: _____

6. Medication: _____ For treatment of: _____
Dosage: _____ Time of dosage: _____
7. Medication: _____ For treatment of: _____
Dosage: _____ Time of dosage: _____
8. Medication: _____ For treatment of: _____
Dosage: _____ Time of dosage: _____
9. Medication: _____ For treatment of: _____
Dosage: _____ Time of dosage: _____
10. Medication: _____ For treatment of: _____
Dosage: _____ Time of dosage: _____

Other information that we need to know in the event of an emergency (ie. metal rod, shunt, catheter, etc.):

Thank you!