



Participant Medical Information

Participant Name: _____

BC Medical Number: _____

Important Medical Considerations:

Medications (can the patient administer their own medication(s))?:

Allergies (please indicate symptoms and severity of reaction)

Person to contact in case of emergency: _____

Relationship: _____

Home Phone: _____ Cell: _____

Please note that medical information is confidential and will not be disclosed unless necessary for emergency medical purposes. Personal contact information will only be used for the purposes of the Nelson Nordic Ski Club and will not be sold or distributed to outside sources.