



## PLAYER EMERGENCY INFORMATION CARD

Player's Name:	Date of Birth:			
		day	month	year

Address:

Telephone:

BC Care Card #:

### PERSON TO CONTACT IN CASE OF EMERGENCY

Parent/Guardian's Name (if under 18):

Address:

Home Tel:

Bus Tel:

Cell #:

Relationship to Player:

Family Doctor:

Tel:

### IMPORTANT

Are you allergic to drugs, if so what?

Do you have any allergies (i.e. bee sting, dust, etc), if so what?

Do you suffer from any serious illnesses (please check)

Asthma

Diabetes

Epilepsy

Other

If you indicated Other please provide details of the illness.

Are you on any regular medication, if so what?

Do you wear contact lenses?

Other relevant information:

Signature:

Date: