

Alpine Sports Club Inc. PERSONAL INFORMATION TO BE USED IN EMERGENCIES

NHI No.

Full Name Date of Birth/...../.....

Address

Emergency Contacts Name (1) Relationship

Phone Mobile

Name (2) Relationship

Phone Mobile

Health conditions & allergies which could cause an emergency

.....

.....

Medications carried for these emergencies

.....

.....

How are these medications to be administered

.....

PERSONAL INFORMATION TO BE USED IN AN EMERGENCY

Routine Medication

Name of Medication	Dose Rate	Frequency

Items and dates of my medical or surgical history that might be useful

.....

.....

Allergies to Medication (including sticking plasters)

.....

.....

Signed

Date

Please complete this information and keep it in a plastic bag in an outside pocket of your pack