EMERGENCY CONTACT INFORMATION FORM

Participant Full Name: _____

Relationship to Participant: _____

Telephone Number(s): _____

Alternate Telephone Number(s): _____

Primary Emergency Contact

Full Name: _____

Relationship to Participant: _____

Telephone Number(s): _____

Secondary Emergency Contact

Full Name: _____

Relationship to Participant: _____

Telephone Number(s): _____

Medical Information (Optional but Recommended)

Allergies: _____

Medications: _____

Chronic Medical Conditions: _____

Other Important Information: _____

Consent and Authorization

I hereby authorize the release of any medical information necessary to provide emergency medical care to the participant named above. I understand that this information will be used only in emergency situations and will be kept confidential in accordance with applicable Canadian privacy laws. I agree that in the event of an emergency, every effort will be made to contact the emergency contacts listed above.

Acknowledgment and Signature

By signing below, I acknowledge that the information provided is accurate and complete to the best of my knowledge. I understand that it is my responsibility to update this form if any information changes. I release the organization and its representatives from any liability related to the use of this information in an emergency.

Signature: _____ Date: _____

Printed Name: _____

Witness (Optional)

Witness Full Name: _____

Witness Signature: _____

Date: _____

Privacy Statement

The personal information collected on this form is protected under the Personal Information Protection and Electronic Documents Act (PIPEDA) and other applicable provincial privacy laws. The information will be used solely for the purpose of emergency contact and medical information management. It will not be disclosed to unauthorized parties.

Disclaimer

The organization and its agents are not responsible for any injury, loss, or damages arising from the use or reliance on this emergency contact information. It is the responsibility of the participant or guardian to ensure the accuracy and timeliness of the information provided.

Form Version: 1.0 For internal use only