

EBTC Emergency Contact/ Medical Information

Trip Name:

Personal Information

Name _____ Date of Birth _____
Address _____ home phone _____
City _____ work phone _____
Rovince _____ Postal Code _____ email _____

Emergency Contact Information

Please indicate who we can contact in the event of an emergency only.

Contact # 1

Name _____ relationship: _____
Home phone _____ work phone _____ cell phone _____

Contact # 2

Name _____ relationship: _____
Home phone _____ work phone _____ cell phone _____

Emergency Medical information

A) Alberta Health insurance #

Do you have any other health coverage (Work, Blue Cross Etc.?) If yes, please provide details Below:

Plan Name/ #:

B) (1) Known allergies (2) Prescription Medications (3) Known Health conditions (ie. High blood pressure, asthma, diabetes etc.) Please provide relevant details:

*** Instructions: print this completed form and seal into an envelope & give to the TRIP COORDINATOR (s) ONLY.**
**** This form is intended for use ONLY in case of emergency, by the trip coordinator(s) during the aforementioned trip organized by EBTC. This information will remain confidential, and unless required, the envelope will remain sealed and be returned to you at the end of the trip.**