



**FFSC Allergy /
Medical Alert
Form**

Skater Information:

*Please note: The information on this form is collected for
Emergency use only, and is optional*

Name of Skater _____ **Date of Birth:** _____

Address: _____ **Medic Alert ID #** _____

Alberta Health Care # (optional) _____

Home Telephone: _____

Name of Parent/Guardian: _____ **Home Cell** _____

**EMERGENCY CONTACT
PERSON(S)**

Name	Telephone #	Cell#
_____	_____	_____

Name	Telephone#	Cell#
_____	_____	_____

**PHYSICIAN
INFORMATION:**

**FFSC ALLERGY/MEDICAL ALERT
FORM contd...**

**Nature of Allergy/Medical
Condition**

**Symptoms of
Reaction:**

**Recommended Response
to Reaction:**

**Additional Instructions or
Information:**

NAME OF PHYSICIAN:

TELEPHONE#
