



**24 Hours of River X
EMERGENCY NOTIFICATION AND MEDICAL FORM**

PURPOSE

THE INFORMATION COLLECTED ON THE EMERGENCY NOTIFICATION AND MEDICAL FORM IS SOLELY INTENDED FOR USE BY RACE STAFF/FIRST RESPONDERS ASSOCIATED WITH THE EVENT TO FACILITATE THE APPROPRIATE DELIVERY OF FIRST AID SHOULD YOU EXPERIENCE AN URGENT HEALTH RELATED PROBLEM DURING THE EVENT. THIS INFORMATION MAY BE SHARED WITH EMERGENCY MEDICAL PERSONAL SHOULD THAT BE REQUIRED IN ORDER TO FACILITATE YOU RECEIVING APPROPRIATE MEDICAL/HEALTH CARE SERVICES. THIS INFORMATION WILL BE APPROPRIATELY DESTROYED AFTER THE EVENT IN A MANNER THAT COMPLIES WITH COMMON PRIVACY PRACTICES IN THE PROVINCE OF ONTARIO.

TEAM NAME/NUMBER: _____

PARTICIPANT NAME: _____

I DO CONSENT to the collection of personal health information for the purpose described above.

HEALTH/MEDICAL CONDITIONS AND/OR DISABILITIES THAT WE NEED TO KNOW ABOUT

PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

NAME:

CONTACT PHONE NUMBER:

RELATIONSHIP TO YOU:

Participant Signature: _____

Signed this _____ day of _____, 2017

Signature of Parent/Legal Guardian _____
(if under 18 years of age)