



**Big East 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 \_\_\_\_\_, 2018

**Signature of Parent/Legal Guardian** \_\_\_\_\_  
(if under 18 years of age)