
Vancouver Island Emergency Response Academy

Candidate Emergency Contact Information

PLEASE NOTE: Information requested on this form is completely voluntary and will remain in a sealed envelope except in the event of an emergency. All envelopes will be returned or destroyed upon completion of the course.

Name:	Birthdate:
Address: _____ _____	
Emergency Contact: Name: _____ Phone number: _____	Family Doctor: Name: _____
Medications Presently Taking: _____	Known Allergies: _____

Seal this form in the envelope provided and print your name on the front.