

COMPETITOR'S HEALTH CARE

To improve medical care of each skater at Christmas Rewia Trophy, Brwinow 2023, in case of emergency, the Organizing Committee request that the skaters fill out this form prior to the Event.

NAME:

PASSPORT NUMBER:

COUNTRY:

DISCIPLINE:

EMERGENCY CONTACT NAME

AND NUMBER:

ALLERGIES:

YES / NO

If yes, what type (food, medications (penicillin or others), pollen, dust etc):

CURRENT MEDICAL CONDITIONS:

Please list the conditions and any medications required.

Note:

In order to provide improved medical care at Christmas Rewia Trophy, Brwinow 2023 it is requested that each skater (or their team leader or medical personnel) complete the Skater Health Care Form.

With the information provided on this form, the local medical team can provide better and accurate medical care for the skaters in case of accident or any other medical care treatment that might be needed during the Event. Thank you for your cooperation.

Please send to:

Christmas Rewia Trophy, Brwinow 2023 ORGANIZING COMMITTEE
mksrewia@gmail.com