

MEDICAL FORM

This form is valid for this Competition only

DEADLINE JANUARY 7th 2024

Please fill in with type or write in capital letters.

To improve medical care of each skater at ISU Events, in case of emergency, the ISU Medical Advisors request that the skaters fill out this form prior to the Event or at Registration/Accreditation of each event

ISU Member :	
Category :	
Name of the Team :	
NAME :	
PASSPORT NUMBER:	
MEMBER:	
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.	

One form for each Skater

Return to:

Organizing Committee - International French Cup

R.O.C – Patinoire Nathalie Péchalat – Avenue J. Chastellain

Ile Lacroix 76100 Rouen - FRANCE

E-Mail : secretariat@frenchcup.fr & accreditation@frenchcup.fr