



Emergency Contact Form

PLEASE PRINT CLEARLY

Date: _____ Show: _____

Date of Birth: _____

Last Name: _____ First Name: _____

Home Address: _____

Cell Phone: _____ Home Telephone: _____

Doctor's Name: _____ Doctor's Phone: _____

Please list the people you would like to be notified in case of emergency.

IN CASE OF EMERGENCY CONTACT:

(1) Name & Relationship _____

Address: _____

Home Phone: _____ Cell Phone: _____

(2) Name & Relationship _____

Address: _____

Home Phone: _____ Cell Phone: _____

Are you allergic to anything? Yes / No _____

If yes, please list all allergies.

The information requested on this card is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized emergency personnel. Please be honest when completing all pertinent information.

In the case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Signature: _____ Name: _____

Relationship if filling out form for a minor: _____