

# Emergency Contact Form



Please complete the Emergency Contact Form prior to the start of EVERY class, season or trip. Please turn it in to the coach at your first practice; the instructor at your first class; or the chaperone of the bus trip. Forms will not be kept after sport season, class session or trip ends. All information is confidential and will only be used in case of an emergency.

## Participant's Information

Participant Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Allergies/Medical Condition(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact's Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

*Please list any additional information on the back of this paper that would be helpful to the instructor, coach or chaperone.*