

**Emergency Contact and Medical Information**

The information that you provide will be used ONLY in the event of your serious injury. Please take the time to fill it out fully and accurately because the data will help us contact your family and friends.

_____				M   F
Last Name	First Name	MI	Date of Birth	Sex
_____		_____		
Address		City		
_____		_____		
Close Friend Name		Close Friend Name		
_____		_____		
Home Phone	Work Phone	Home Phone	Work Phone	
_____	_____	_____	_____	
Address		Address		
_____		_____		
City, ST Zip Code		City, ST Zip Code		
_____		_____		

**Alternative Emergency Contacts**

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone
_____	_____	_____	_____
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	
_____		_____	

**Medical Information**

\_\_\_\_\_

Hospital/Clinic Preference

\_\_\_\_\_

Physician's Name	Phone Number
_____	_____
Insurance Company	Policy Number
_____	_____

Allergies/Special Health Considerations \_\_\_\_\_

**Job Information**

Employer	Phone Number
_____	_____
Address	Work Contact
_____	_____

**Religious Preferences**

\_\_\_\_\_

Religion

Place of Worship	Address
_____	_____
Pastor	Phone Number
_____	_____

**\*A NEW EMERGENCY CONTACTS SHEET SHOULD BE SUBMITTED ANNUALLY AND EVERY TIME INFORMATION CHANGES.**