

Emergency Medical Information

(We need this form for adults and teens)

My Name: _____

Address: _____

Telephone: _____ E-mail: _____

If I have a medical emergency during the weekend, please contact the following family member:

Name _____ Phone (____) _____

In case he/she isn't available, please contact the following:

Name _____ Phone (____) _____

or

Name _____ Phone (____) _____

Family Doctor: _____

Doctor's phone: (____) _____

I take the following medications: _____

Insurance Information: Carrier _____ ID # _____

If we need to cancel the weekend early due to bad weather, you can contact my parent/guardian:

(Please list below any home/work numbers that would be helpful)

Parent/Guardian Name: _____

Phone (____) _____ (Home) (____) _____ (Work)

Other responsible person who could come get you if your parent/guardian is unavailable:

Name: _____

Phone: (____) _____ (Home) (____) _____ (Work)

***Thank you for this information. It will remain confidential
and will be destroyed after the weekend.***