

**EMERGENCY CONTACT INFORMATION**

**PARTICIPANT NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**PARTICIPANT NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**PARTICIPANT NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CONTACT(PARENT)** \_\_\_\_\_ **PHONE(CELL/WORK)** \_\_\_\_\_

**CONTACT(PARENT)** \_\_\_\_\_ **PHONE(CELL/WORK)** \_\_\_\_\_

**CONTACT(OTHER)** \_\_\_\_\_ **PHONE** \_\_\_\_\_

Child's medical history including allergies, medications being taken and any physical impairments that may be beneficial for us to be aware of:

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