Ohio XC Camp 2025
Medical & Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency. Please be sure to sign and date this form.

Student Name: _____

High School Name: _____ Coach Name: _____

Parent Name(s): _____

Phone: Home: _____Cell:_____

Email Address:_____

Home Address:_____

Primary Emergency Contact

Name:_____

Relationship: _____

Phone: Home: _____ Cell: _____ Work: _____

Secondary Emergency Contact

Name:_____

Relationship: _____

Phone: Home: _____ Cell: _____ Work: _____

Preferred Local Hospital: _____

Insurance Information: Company: _____ Policy #: _____

Responsible Insurance Party Name _____