



EMERGENCY CONTACT FORM

(please print as clearly and neatly as you can)

Preferred Name _____ Email: _____

Full Legal Name: _____ Phone: _____

Home Address: _____

Preferred method of contact (Facebook, discord, etc): _____

PRIMARY EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship: _____

Would you like us to share relevant medical information with this person in case of a medical emergency?

Yes

No

SECONDARY EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship: _____

Would you like us to share relevant medical information with this person in case of a medical emergency?

Yes

No

VOLUNTARY DISCLOSURE OF EMERGENCY MEDICAL INFORMATION

If you would like to disclose any medical information that would help us respond to a medical emergency, such as allergies, medications, or medical conditions, please use the space below to share.

Allergies:

Medical Conditions/Medication :

Signature *(legal name)*: _____ **Today's Date:** _____

ADDITIONAL INFORMATION:

(Anything you can't fit on the front page or other related things you want to make us aware of)

[illegible]