

Emergency Contact Form

1. Fill out this form and make a photocopy of it.
2. Bring both completed copies on a trip.
3. Carry one copy with you *at all times* throughout the trip. (While riding a sandwich size ziplock bag is handy.)
4. Give the other copy, *in a sealed envelope*, to the trip leader or traveling companion.

→ Please print or type

Name _____ Birthdate _____
Address _____ Apt. _____
City _____ State: _____ Zip _____
Home phone (____) _____ General # @ office
(____) _____

Person #1 to contact in case of emergency:

Name _____ Relationship: _____
Address _____ City & State: _____
Daytime # (____) _____ Eves/wkend # (____) _____
Cell # (____) _____ Pager # (____) _____

Person #2 to contact in case of emergency:

Name _____ Relationship: _____
Address _____ City & State: _____
Daytime # (____) _____ Eves/wkend # (____) _____
Cell # (____) _____ Pager # (____) _____

Person #3 to contact in case of emergency:

Name _____ Relationship: _____
Address _____ City & State: _____
Daytime # (____) _____ Eves/wkend # (____) _____
Cell # (____) _____ Pager # (____) _____

Medical Insurance Company _____ **Policy**

Known allergies _____

Blood Type _____

List of current prescription medicines (name and dosage):

Other information to know in case of a medical emergency:
