



EMERGENCY CONTACTS

NAME _____ BIRTH DATE _____

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____

CITY STATE ZIP

HOME TELEPHONE NUMBER _____ COUNTY _____

FATHER'S EMAIL _____ MOTHER'S EMAIL _____

FATHER'S WORK PHONE _____ MOTHER'S WORK PHONE _____

FATHER'S CELL _____ MOTHER'S CELL _____

BEST NUMBER TO CALL FOR SCHEDULE CHANGES _____

DOCTOR OR PEDIATRICIAN _____

ADDRESS _____ PHONE _____ +

SCHOOL _____ CONTACT PERSON _____ PHONE _____

HAVE PERMISSION TO CALL EMERGENCY SERVICE/GO TO HOSPITAL?

YES _____ NO _____

KNOWN HEALTH ISSUES THAT MIGHT AFFECT
VOLUNTEERING? _____

ALLERGIES: YES _____ NO _____ IF SO,
EXPLAIN _____

APIPEN USE? YES _____ NO _____ IF SO, HAVE DOCTOR PROVIDE ONE FOR YOU
TO LEAVE ONSITE.