

EMERGENCY INFORMATION

NAME: _____ **ADDRESS:** _____

PHONE NUMBER: _____ **CELL PHONE:** _____

NAME OF PARENTS (GUARDIAN) that the youth lives: _____

BUSINESS ADDRESS (PARENTS/GUARDIANS): _____ **TELEPHONE NUMBER:** _____

PARENT'S CELL PHONE: _____

FOR EMERGENCY PURPOSES:

(PERSONS BELOW ARE AUTHORIZED TO ACT IN THE ABSENCE OF PARENTS/GUARDIANS WHO MAY TAKE CUSTODY OF THE CHILD/YOUTH)

NAME: _____ **ADDRESS:** _____ **PHONE NUMBER:** _____
CELL PHONE: _____

NAME: _____ **ADDRESS:** _____ **PHONE NUMBER:** _____
CELL PHONE: _____

NAME OF PRIMARY PHYSICIAN: _____
OFFICE ADDRESS: _____ **PHONE NUMBER:** _____

NAME OF DENTIST: _____
OFFICE ADDRESS: _____ **PHONE NUMBER:** _____

MEDICAL CONDITIONS (INCLUDING ALLERGIES) : _____

DATE OF LAST TETANUS SHOT: _____

PARENT'S (GUARDIAN) SIGNATURE

DATE