

Emergency Contact Information & Health Disclosure 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

Your first and last name: _____

Name of the Crew you are working with: _____

Primary Emergency Contact Name (first and last): _____

Relationship: _____

Phone numbers:

HOME phone: _____

CELL phone: _____

WORK phone: _____

Secondary Emergency Contact Name (first and last): _____

Relationship: _____

Phone numbers:

HOME phone: _____

CELL phone: _____

WORK phone: _____

Name of your doctor and preferred health clinic you've gone to: _____

List any allergies you know you have: _____

Please share any other information about your health you need us to know (*include any special medical information that you'd want an emergency care provider to know*):

Your signature: _____ Date: _____