

## EMERGENCY CONTACT AND HEALTH INFORMATION

Emergency Information for (print name): \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone-am ( ) \_\_\_\_\_ Phone-pm ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

### Health Information:

Health Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Do you have any physical problems or allergies that we should know about?

Yes       No \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you presently taking any medications:       Yes     No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Describe any Special Dietary Needs: \_\_\_\_\_