

## 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:

\_\_\_\_\_