Emergency Information Form

To be completed and returned to the Club Manager.
Please complete for each family member.

CHILD INFORMATION:

Name _____ D.O.B. _____Home Phone _____

Address _____ Home Email Address: _____

Mother's Name _____ Work Phone _____ Ext. _____

Mobile Phone _____ Pager _____

Father's Name _____ Work Phone _____ Ext. _____

Mobile Phone _____ Pager _____

Alternate Contact Name _____Phone _____

Alternate Contact Name _____Phone _____

Allergies_____ Asthma _____ Seizures _____
Diabetes_____ Heart Condition _____ Food issues _____
Medications _____ Other Health Issues _____

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Name _____ D.O.B. _____Home Phone _____

Address _____ Home Email Address: _____

Mothers Name _____ Work Phone _____ Ext. _____

Mobile Phone _____ Pager _____

Fathers Name _____ Work Phone _____ Ext. _____

Mobile Phone _____ Pager _____

Alternate Contact Name _____Phone _____

Alternate Contact Name _____Phone _____

Allergies_____ Asthma _____ Seizures _____
Diabetes_____ Heart Condition _____ Food issues _____
Medications _____ Other Health Issues _____
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Emergency Information Form

PARENT INFORMATION:

Name _____ D.O.B. _____Home Phone _____

Address _____ Home Email Address: _____

Spouse's Work Phone: _____ Ext. _____

Spouse's Mobile Phone: _____ Spouse's Pager: _____

Alternate Contact Name: _____Phone _____

Alternate Contact Name: _____Phone _____

Allergies_____ Asthma _____ Seizures _____

Diabetes_____ Heart Condition _____ Food issues _____

Medications _____ Other Health Issues _____

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Name _____ D.O.B. _____Home Phone _____

Address _____

Home Email Address: _____

Spouse's Work Phone _____ Ext. _____

Spouse's Mobile Phone _____ Spouse's Pager _____

Alternate Contact Name _____Phone _____

Alternate Contact Name _____Phone _____

Allergies_____ Asthma _____ Seizures _____

Diabetes_____ Heart Condition _____ Food issues _____

Medications _____ Other Health Issues _____
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