# 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 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:** _____

_____