



**EMERGENCY CONTACT INFORMATION**

The information required below is needed in the event of an emergency. Print legibly.

**Participant Full Name:**

\_\_\_\_\_

**Emergency Contact 1:**

Full Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Can the participant be released to this individual? Yes No

**Emergency Contact 2:**

Full Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Can the participant be released to this individual? Yes No

**Emergency Contact 3:**

Full Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Can the participant be released to this individual? Yes No

**To be completed by Parent or Guardian:**

I, \_\_\_\_\_ (print name) authorize the contacts above to pick up the participant listed above if indicated by circling "yes".

Signature

Date