



Emergency Information Sheet

*Please complete the information below and return at SI checkin on October 14th, 2008.
This information will be kept confidential and will only be used in the event of an emergency.*

Participant name: _____

In the event of an emergency please contact the following people:

Emergency contact #1

Name: _____

Phone Number (with area code): _____

Additional Contact Information:
(e.g. cell phone number) _____

Emergency contact #2

Name: _____

Phone Number (with area code): _____

Additional Contact Information
(e.g. cell phone number) _____

Do you have any medical conditions, including allergies to insect bites or medications, which emergency personnel should be made aware of?

Other information that may be important in case of emergencies:

