



EMERGENCY CONTACT INFORMATION

Participant's name: _____

Parent / Guardian name: _____

Address: _____

Home number: _____

Mother / Guardian work number: _____

Father / Guardian work number: _____

Emergency contact name: _____

Relationship to participant: _____

Home number: _____

Work number: _____

Cell number: _____

I give permission for _____ to make decisions regarding my child's health and safety. My child has permission to leave with him/her if the need should arise.

Parent / Guardian Signature

Date