



Emergency Contact Information

Participant's Name: _____ Date*: __/__/__
(Please Print Full Name)

**(An updated Emergency Contact form will be required each year)*

Will the participant be accompanied by a support staff person (or other personal support person) at FNL? ____ Y / N ____

Participant's Legal Guardian* : _____
(Please Print Full Name)

**(If the Participant acts as their own legal guardian, Participant should write their own name here)*

Primary Emergency Contact:

Name: _____

Relationship to Participant: _____

Home Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Secondary Emergency Contact:

Name: _____

Relationship to Participant: _____

Home Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Does Participant have serious or potentially Life Threatening Allergies? YES/ NO
Please Describe: _____

Please Include any additional information which EV staff should be aware of in order to help ensure safety and well-being of participant (Relevant medical information, etc.):

