

## Emergency Contact Form

**Please fill out the following information. This information will be kept on file with the ship and will be reviewed every year.**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent or Guardian's Name:** \_\_\_\_\_

**Parent's or Guardian's Phone number: Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Health Care Provider and Policy Number:** \_\_\_\_\_

**List any medications you are taking:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List any allergies or food restrictions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List any physical restrictions: (Must wear corrective lenses, etc)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_