

St. James' Episcopal Church

1307 N. Main St., Mt. Airy, MD 21771, 301-829-0325

Emergency Contact Form

Full Name of Participant: _____

Date of Birth: _____ Age: _____ Grade: _____

Name of Parent or Guardian 1: _____

Phone 1: _____ Phone 2: _____

Address: _____

Name of Parent or Guardian 2: _____

Phone 1: _____ Phone 2: _____

Address: _____

Emergency Contact if Parents/Guardians cannot be reached: _____

Phone: _____ Relationship to Participant: _____

Existing Health Conditions Leadership Needs to Know:

Allergies: _____ Dietary Restrictions: _____

Insurance Information

Insurance Name: _____ Policy #: _____ Group/Plan #: _____

Primary Insured: _____ Relationship to Participant: _____

Primary Care Physician: _____ Physician Phone: _____