

2017 Alpine 4-H Horse Camp Emergency Information Form

The following information is being voluntarily supplied by the parent/guardian or self for the sole purpose of contact information in case of an emergency.

This information will be kept confidential and will only be used in case of a medical emergency.

Name				Age	Birthdate
Address	City	County	State	Zip	Grade of school
Parent or Legal Guardian		Home Phone	Work Phone	Cell Phone	
In case of emergency and parents cannot be reached, contact:		Relationship	Home Phone	Other Phone	
Family Physician			City	Phone	
Is there any information the committee should know in case of a medical emergency as in: Food Allergies or allergic reactions to bee stings.					

Medical Insurance Information

Medical Insurance Co. _____ Phone _____

Address _____ Group Number _____

Name of Insured _____

Signature of parent or legal guardian

Date