

Medical Emergency Contact Information

Date: _____

To Whom It May Concern,

As part of our commitment to ensuring the safety and well-being of all participants at our community event, we are collecting important medical emergency contact information.

Emergency Contact Details

Name of Participant: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

Medical Conditions (if any): _____

Allergies (if any): _____

Preferred Hospital (if applicable): _____

In case of an emergency, this information will ensure that proper medical assistance can be provided promptly. Please return this form by the event date.

Thank you for your cooperation.

Sincerely,

[Your Organization's Name]

[Your Organization's Contact Information]