

# Emergency Contact Checklist

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

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

## Emergency Contacts

- Name: \_\_\_\_\_
  - Relationship: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Alternate Number: \_\_\_\_\_
- 
- Name: \_\_\_\_\_
  - Relationship: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Alternate Number: \_\_\_\_\_

## On-Site Medical Personnel

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## Local Emergency Services

Fire Department: 911

Police Department: 911

Ambulance: 911

## Additional Notes

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Prepared By: \_\_\_\_\_