

# Emergency Contact List

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

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

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

## Emergency Contacts

Name	Relationship	Phone Number	Email Address
John Doe	Parent	(123) 456-7890	johndoe@email.com
Jane Smith	Friend	(098) 765-4321	janesmith@email.com
Emily Johnson	Sibling	(555) 123-4567	emilyj@email.com

## Medical Information

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

## Event Coordinator Contact

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Procedures

Please familiarize yourself with the emergency procedures for this event.

Signature: \_\_\_\_\_