

**EMERGENCY INFORMATION FORM**

*This information is intended to assist in the event of an accident or sudden illness.*

Name \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
Personal Address \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_  
Primary Care Physician Phone \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_  
Subscriber Number \_\_\_\_\_  
Group Number \_\_\_\_\_  
Employer \_\_\_\_\_

**ADDITIONAL EMERGENCY INFORMATION**

Blood Type (if known): \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Other: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Person(s) to be contacted in case of emergency:*

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Work Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_

**Additional Contacts (Optional)**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Work Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_

The information on this form is solely intended to assist in the event of an accident or sudden illness. I, \_\_\_\_\_, understand that Applecreek Farms, trainers and staff working on behalf of Applecreek Farms, Lisa Robinson, Kate Jutagir, Monica Needoba and other parties who may provide the above information during a medical emergency, do not assume any liability for the information that I have provide on this form.

I, \_\_\_\_\_, authorize the use of the information contained on this form to facilitate my treatment in the case of a medical emergency or sudden illness. This information is not intended for use outside of a medical emergency or sudden illness and should not be shared with non-medical / non-emergency personnel.

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