

**EMT Career Pathway Program**

**Emergency Information Form**

Name: Age:

Phone: Can you receive text messages at this number? ❑ Yes ❑ No

Address:

List any allergies:

Do you have an EpiPen? ❑ Yes ❑ No

Anything else we should know about in case of an emergency:

Emergency Contact Information

First Contact

Name: Relationship to Youth:

Primary Phone: Secondary Phone:

Second Contact

Name: Relationship to Youth:

Primary Phone: Secondary Phone: