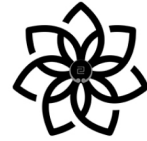




# OGAWA MARTIAL ARTS & FITNESS

## EMERGENCY CONTACT FORM



Please print

First Name:

Last:

Date completed: dd /mm /yyyy

Date of Revision: dd /mm /yyyy

Birthdate: dd /mm /yyyy

Current address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### In case of emergency please notify:

#### **Primary Contact**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number(s):

Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

#### **First Alternate Contact**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number(s):

Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

#### **Second Alternate Contact**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number(s):

Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

#### **Allergies/Special Health Considerations:**

#### **Medications/Special Medical Appliances:** (i.e. blood thinner, EpiPen, inhaler, pacemaker, etc.)

*Please ensure that this sheet is revised if there is a change in any of the above information*