



**EMERGENCY CONTACT INFORMATION FORM**

**Section I**

Class/Organization: \_\_\_\_\_

Activity Leader: \_\_\_\_\_

Destination: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

**Section II**

Participant's Name: \_\_\_\_\_  
(Please Print)

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

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

In an emergency, please contact:

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

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

Relationship: \_\_\_\_\_