

EMERGENCY NOTIFICATION INFORMATION SHEET

Chaperone's Copy

Name: _____ Date of Birth: _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone Number: _____ Evening Telephone Number _____

In case of emergency, notify:

Name: _____ Phone: _____

Relationship _____ Cell Phone: _____

Pager: _____

Alternate Contact:

Name: _____ Phone: _____

Relationship _____ Cell Phone: _____

Pager: _____

Allergies to: _____

Medication _____ Penicillin _____ Aspirin _____

Other (Specify) _____

List Current Medications: _____

Any medical conditions or other information we should be aware of: _____

EMERGENCY NOTIFICATION INFORMATION SHEET

Cecil County Fair Office Copy

Name: _____ Date of Birth: _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone Number: _____ Evening Telephone Number _____

In case of emergency, notify:

Name: _____ Phone: _____

Relationship _____ Cell Phone: _____

Pager: _____

Alternate Contact:

Name: _____ Phone: _____

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Allergies to: _____

Medication _____ Penicillin _____ Aspirin _____

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