

IN CASE OF EMERGENCY

Wavier

Client First Name

Client Last Name

Birthdate

Parent First Name

Parent Last Name

Email address #1

Address Line 1

Email address #2

City

State

Zip

Of the following phone numbers, indicate the order you think we should call, i.e. most likely to reach someone.

Parent First Name

Home #1

Work #1

Cell #1

Person#2

Home #2

Work #2

Cell #2

Known Allergies, including insect bites, medications, food, etc.

Other pertinent medical history (i.e. medical conditions, seizure activity, etc.)

Other comments.