



**March 7-10, 2024**  
**Rotary District 6960**  
**Emergency Information**

Student's Name:

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Parent Signature:

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In case of emergency, please contact:

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Relationship to Student:

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Phone #1

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Phone #2

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In case we cannot reach the person named above, who is an alternate contact?

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Phone #1

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Phone #2

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Are there any pertinent medical details you feel are important for us to know in order to properly care for your teenager in case of an emergency?