



**Pima County Natural Resources,
Parks and Recreation
EMERGENCY INFORMATION SHEET**

NAME _____ AGE _____

ADDRESS _____

BIRTH DATE _____

ALLERGIES _____

DAILY MEDICATIONS _____

RESTRICTIONS _____

PHYSICIAN _____ PHONE _____

EMERGENCY PHONE NUMBER CONTACTS:

FATHER (WORK) _____

(HOME) _____

(CELL) _____

MOTHER (WORK) _____

(HOME) _____

(CELL) _____

Friend/Relative
(WORK) _____

(HOME) _____

(CELL) _____

Legal Guardian
(WORK) _____

(HOME) _____

(CELL) _____

I do hereby consent to have medical care provided for my child, if parent/legal guardian cannot be contacted in a medical emergency. Parent or legal guardian shall be responsible for all medical costs arising from any injury sustained by the participant during the program. The department is not responsible for the safety of the participant prior to, or after, program hours.

DATE _____

PARENT OR GUARDIAN'S SIGNATURE