



Eastern Michigan University  
The B. Side: The Business Side of Youth  
Emergency Contact Form

Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.

Youth Participant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Youth Participant's Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Physician _____ Phone _____
Physician's Address _____ Street City State Zip

**Emergency Contact Information**

**Required Information**

Person(s) to be contacted in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Alt Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Alt Phone \_\_\_\_\_