



AL HELMCAMP INC.

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form

Name: _____

Last

First

MI

Phone:

Home: _____

Cell: _____

Email Address: _____

Address: _____

Street

City

State

Zip

Primary Emergency Contact Name: _____

Last

First

Relationship: _____

Phone:

Home: _____

Cell: _____

Work: _____

Secondary Emergency Contact Name: _____

Last

First

Relationship: _____

Phone:

Home: _____

Cell: _____

Work: _____

Insurance Information:

Company: _____ **Policy #:** _____

Comments (include any special medical or personal information you would want an emergency care provider to know - or special contact information):

Signature: _____

Date: _____