Habitat for Humanity®

Collegiate Challenge
Emergency contact information

Complete this entire form and return it to your team leader.

1 PARTICIPANT INFORMATION

Full name _____

Allergies (medicine, food, etc.) _____

Any special dietary needs _____

List any medication being taken _____

Date of last tetanus shot _____

Physical impairments _____

Other _____

Family physician _____

Address _____

City _____ State _____ ZIP/postal code _____

Phone ( ) _____

Name of insurance carrier _____

Phone number of insurance carrier ( ) _____ Policy number _____

Social Security number of the policy member (e.g., parent) _____

2 IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship _____

Address _____

City _____ State_____ ZIP/postal code _____

Daytime phone ( ) _____ Evening phone ( ) _____ Cell ( ) _____

Habitat for Humanity®

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