

DU CONFERENCE & EVENT SERVICES EMERGENCY CONTACT FORM

Name: _____
Date of Birth: _____
Address: _____
Email & Phone Number: _____
Allergies: _____
Medication/Frequency: _____
Physician: _____
Phone: _____
Health Insurance Company: _____
Policy #: _____

Emergency Contacts

Parent/Guardian 1: _____
Email: _____
Address: _____
Cell Phone: _____
Work Phone: _____
Employer: _____

Should you incur serious illness or injury during work hours, do you give permission to transport you to the nearest medical facility? No Yes

The information on this form will be used in emergency situations. If at any time due to circumstances such as accident, sudden illness, or emergency, and medical treatment is required for my child, this form will be given to the necessary personnel including private physician, hospital, or medical personnel. I hereby give permission to the University of Denver and the camp my child is attending to secure emergency medical treatment for my child. I agree to be financially responsible for all expenses of such care.

Signature of Parent

Date