



## EMERGENCY FORM

### CONFIDENTIAL

This information will be kept confidential

Equity Name \_\_\_\_\_

Legal Name \_\_\_\_\_

If you **DO NOT** wish any of the following to appear on a contact sheet, please check the box next to it.

Cell Phone \_\_\_\_\_  Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

In the case of an emergency, whom should we contact?

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

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Conditions / Information: \_\_\_\_\_

Do you take any medication that a medical professional would need to know about?

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

Would you like to participate in the Birthday Club? YES / NO

What Pronoun do you use? He/Him She/Her They/Them Other \_\_\_\_\_

Would you like to be on the HDT Social email distribution list? YES / NO

Marital Status \_\_\_\_\_ Social Security Number \_\_\_\_\_