



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 _____