Master Gardener Emergency Contact Form

Activity Name: Master Gardener Service Learning and Hands-on Training

Date: Jan 1, 2013 – Dec 31, 2013

Location: Various

Participant Information
Name:

Age: Male Female

Address:

City: State: Zip:

Phone Cell: Home:

Primary Emergency Contact
Name:

Relationship:

Phone (Cell) (Home) (Work)

Secondary Emergency Contact
Name:

Relationship:

Phone (Cell) (Home) (Work)

PLEASE NOTE: Hospitals and clinics require Social Security numbers before providing treatment and suggest that participants bring a copy of their insurance card. The participant is responsible for all medical expenses.