

**University of New Mexico
Division of Continuing Education Youth Program
EMERGENCY CONTACT FORM**

Student name: _____ **Date of Birth:** _____

Emergency Contacts

List 3 individuals who may be contacted in case of emergency:

Name	Phone
1.	
2.	
3.	

Individuals Authorized to Pickup

The following individuals are authorized to pick up my child. Please note that those not listed below WILL NOT be permitted to pick up your child without written permission from a parent or guardian.

Name	Relationship to child	Phone
1.		
2.		
3.		
4.		

Medical Conditions/Allergies

List any medical conditions of the participant, including medications currently taking and known allergies.

Medical Condition(s):	Medication/dosage:
Allergies:	Describe reaction:

Parent/Guardian Signature

I verify that all the information provided is correct and complete. I realize that participation involves a potential risk. In the event of emergency, I authorize the University of New Mexico Division of Continuing Education to make arrangements as reasonably necessary for my child's welfare. I authorize use of my child's image to use my child's image or picture in all forms and in all media for any lawful purpose.

Signature of Parent/Guardian: _____ **Date:** _____

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