

**Dutchess County Youth Council
Youth's Emergency Contact Information**

As our meetings are held in the evening, please provide information for two evening emergency contacts with evening phone numbers. Please print or type all information.

Youth's Name: _____

Youth's Address: _____ City _____ Zip _____

Date of Birth: _____ Home Phone No: () _____

Parent/Guardian Name: _____ Cell Phone No: () _____

Medical Insurance Carrier Name & Address:

Family Physician: _____ Phone No: () _____

Allergies: _____

Medical Problems: _____

Medication Currently Being Used:

Anything else we should know:

Emergency Contact #1

Name: _____

Relationship to Youth: _____

Evening Phone Number Home or Work (Please state which) with Area Code:
() _____

Cell Phone with Area Code: () _____

Emergency Contact #2

Name: _____

Relationship to Youth: _____

Evening Phone Number Home or Work (Please state which) with Area Code:
() _____

Cell Phone with Area Code: () _____