

RESTON COMMUNITY CENTER EMERGENCY CONTACT FORM

NOTICE: THIS FORM MUST BE COMPLETED EACH YEAR IN FULL AND SIGNED • PLEASE PRINT

Participant Name		First																		Last																		
Home Address																																						
City																																						
State																																						
Zip																																						
Phone	Home																																					
Cell																																						
Birthday				/			/																															
Sex		<input type="checkbox"/> Male	<input type="checkbox"/> Female																																			

Emergency Contact Information

Contact #1 (Name): _____ Relationship: _____ Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ Email: _____	Contact #2 (Name): _____ Relationship: _____ Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ Email: _____
--	--

Contact #3 (Name): _____ Relationship: _____ Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ Email: _____	Contact #4 (Name): _____ Relationship: _____ Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ Email: _____
--	--

Additional Questions

- Yes No Does the participant have any allergies? If yes, please specify: _____
-
- What should be done if participant comes into contact with an allergen? (Please attach instructions in a letter.)**
- Yes No Does the participant require any special accommodations? (Please attach instructions in a letter.)
- Yes No Does the participant take medications? (If participant is under 18, please submit the Medication Authorization Form.)

Medical Treatment Authorization

I give permission to the medical provider selected by Reston Community Center to secure the administration of necessary medical treatment in case of an emergency. I also understand that any medical expenses incurred will be my responsibility. In case of an emergency, Reston Community Center will use the closest available emergency facility.

Participant/Parent or Guardian Signature: _____

Date: _____



Reston Community Center Hunters Woods
2310 Colts Neck Road • Reston, VA 20191

703-476-4500 • 800-828-1120 (TTY) • 703-476-2488 (FAX)

Reston Community Center Lake Anne
1609-A Washington Plaza • Reston, VA 20190

