

Pathways Church

Emergency Contact Information

Name: _____ Today's Date: _____

Address: _____

Phone: () _____ Date Of Birth: ____/____/____

SS#: _____

Passport# _____ Expiration Date _____

In the case of a medical emergency, please contact the following persons(s):

First Contact Choice:

Name: _____ Phone: () _____

Address: _____

Relationship: _____

Second Contact Choice:

Name: _____ Phone: () _____

Address: _____

Relationship: _____

Special Instructions: (allergies, medications, etc.)

I am currently trained/certified to assist with medical emergencies: ___ Yes ___ No

First Aid Training _____
(Date course completed)

CPR Certification _____
(Date of certification)

Signature _____ Date _____