

# EMERGENCY INFORMATION

for participation in  
**INNOVATORS EDUCATIONAL  
FOUNDATION  
SPONSORED EVENTS**

School/Company: \_\_\_\_\_

Team Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Primary emergency contact (a person NOT at the event):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Secondary emergency contact (a person NOT at the event):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

All of the above information is required for participation in Innovators Educational Foundation Sponsored Events.

## Emergency Medical Information:

Please list any illness or physical disorder that we should know about in case of a medical emergency: \_\_\_\_\_

Do you have any allergies or have you ever reacted unfavorably to any drug, medicine or other substance? NO  or YES  . If yes, please explain: \_\_\_\_\_

Physician/Medical Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Tel: \_\_\_\_\_

Health Ins. Policy #: \_\_\_\_\_

## PLEASE SIGN ONLY ONE OF THE LINES BELOW

I allow Innovators Educational Foundation or their assignees to use or release this information to appropriate medical professionals in the case of emergency

\_\_\_\_\_  
participant/ or legal guardian if under 18

### For those NOT wishing to divulge medical information:

I do not wish to divulge any of the above medical information and will hold Innovators Education Foundation, its sponsors, agents, employees, and participants blameless if such information is deemed helpful in a medical emergency.

\_\_\_\_\_  
participant/ or legal guardian if under 18

**NOTE: Every team member needs to complete an Emergency Information form. Each form should be turned in during Registration at the Event. Please do not mail them in early.**