

CONFIDENTIAL

Summit Staff Emergency Information Form

| | |
|--|--|
| Name: | |
| Employer and Insurance Information (including ID#): | |

Do you have an emergency contact, like a mentor or group leader, on-site at the Líderes Summit?

Name and cell phone of on-site contact: _____

Emergency Contact Information

Provide a contact that we can reach at any time, including weekends.

| | |
|---|--|
| Emergency Contact Name: | |
| Relationship: | |
| Emergency Contact Daytime Phone: | |
| Emergency Contact Evening Phone: | |

Please provide all pertinent information regarding any medical conditions you have.

| | |
|-----------------------------------|--|
| Allergies: | |
| Medications: | |
| Medical Conditions: | |
| Doctor's Name & Phone: | |
| Additional Comments: | |

PLEASE FAX TO: BERENICE BONILLA, ATTN: SUMMIT STAFF @ 202-776-1741
Or email to bbonilla@nclr.org. Please submit as part of your Summit Staff Application Packet.
Do not submit separately.