



**Volunteer Emergency Contact Information
Required for volunteers between ages 13 -18**

Child's Name: _____ Age: _____ DOB: _____

Parent's/Guardian name(s): _____

Primary Address: _____

Home phone: _____ Cell phone: _____

During the SCS Farmers Market I can be reached at:

Phone Number: _____ Address: _____

If we cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Emergency Contact: _____ Relationship: _____

Emergency contact phone number(s): _____

Physician's Name: _____ Phone: _____

Health Ins Carrier: _____ Policy or Group#: _____

Does your child have any health problems and/or allergies the SCS Farmers Market should be aware of? If so, explain: _____

Signature of Parent/Guardian: _____

Date: _____

