



# HOLY YOGA

## Emergency Contact Form

<b>Name</b>	_____	<b>Address</b>	_____
<b>Phone Number</b>	_____		_____

**Special Instructions:** In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

---

---

---

### Emergency Contacts:

<b>Primary Contact in case of emergency:</b>	
Name	Relationship
Address	Phone Number
	Alternate Phone Number
<b>Secondary Contact in case of emergency:</b>	
Name	Relationship
Address	Phone Number
	Alternate Phone Number

### Physician Contact

Doctor's Name	Address
Phone Number	

**Authorization**

I have voluntarily provided the above contact information and authorize the Borough of Heidelberg and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

---

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_