



Logan Strong Foundation

LoganStrongFoundation@gmail.com

www.LoganStrongFoundation.org

(518) 930-2384

Board Member & Volunteer Emergency Information Form

Personal Contact Info:

Name: _____

Home Address: _____

City, State, Zip: _____

Email Address: _____

Cell Phone # _____ Home Phone # _____

Emergency Contact Info:

(1) Name: _____ Relationship: _____

Cell Phone # _____ Home Phone # _____

(2) Name: _____ Relationship: _____

Cell Phone # _____ Home Phone # _____

Medical Contact Info:

Doctor Name: _____ Phone #: _____

Preferred Hospital: _____

Additional Info:

Allergies (food, medications, etc.): _____

I have voluntarily provided the above contact information and authorize The Logan Strong Foundation and its representatives to contact any of the above on my behalf in the event of an emergency.

Signature: _____ Date: _____