

**ADULT :** PRINT NAME First \_\_\_\_\_ Last \_\_\_\_\_

**Emergency Card/ Contact:**

Your Email address \_\_\_\_\_ @ \_\_\_\_\_

Your Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Print Contact Name \_\_\_\_\_ Cell # \_\_\_\_\_

Relation to you \_\_\_\_\_

Do they have consent to handle your medical decisions? YES\_\_ NO\_\_

**\*\*Allergies and Allergic Reactions:**

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What do you want TT to do if you have an allergic reaction?

Do you have a preferred hospital in case of an emergency? \_\_\_\_\_

I give Team Tucson agent, servant, volunteer, or employee permission to seek and obtain medical attention for me until I can or my contact person can be reached if they have my consent.

Consent signature \_\_\_\_\_

Date \_\_\_\_\_

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