

# EMERGENCY DATA SHEET

(Privacy Act Statement applies)

Cadet Name: \_\_\_\_\_

Cadet Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cadet Phone Number: \_\_\_\_\_

Person to contact in case of emergency:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you currently have health insurance? (Please circle one)    YES    NO

If so, Name of Provider (Insurance Company): \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Any immediate health issues (allergies, etc., cadre should be aware of)? \_\_\_\_\_

\_\_\_\_\_