# Emergency Contact Form

**Purpose:** This form is used to gather important emergency contact and medical information to ensure prompt assistance in case of an emergency. All provided data should be accurate and up to date.

## Personal Information

**Full Name:** {fullName}

**Date of Birth:** {dateOfBirth}

**Address:** {address}

**Phone Number:** {phoneNumber}

**Email Address:** {email}

## Emergency Contacts

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Relationship** | **Phone Number** | **Alternative Phone** |
| {#emergencyContacts}{contactName} | {contactRelationship} | {contactPhone} | {contactAltPhone}{/emergencyContacts} |

## Medical Information

**Primary Physician:** {physicianName}

**Physician Phone:** {physicianPhone}

**Blood Type:** {bloodType}

{#hasAllergies}

**Known Allergies:**

* {allergyItem}

{/hasAllergies}

{^hasAllergies}

*No known allergies.*

{/hasAllergies}

{#currentMedications}

**Current Medications:**

* {medicationName}

{/currentMedications}

{^currentMedications}

*No current medications.*

{/currentMedications}

## Insurance Details

{#hasInsurance}

**Insurance Provider:** {insuranceProvider}

**Policy Number:** {policyNumber}

**Group Number:** {groupNumber}

{/hasInsurance}

{^hasInsurance}

*No insurance coverage provided.*

{/hasInsurance}

## Additional Notes

{additionalNotes}