

BENSENVILLE FIRE ACADEMY
EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Date of Birth: _____

In case of an emergency, whom shall we contact?

Name/ Relationship	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

Medical Conditions:

_____ Cardiac/ Heart
_____ Breathing/ Respiratory
_____ Stroke
_____ Diabetes
_____ Vision/ Hearing
_____ Other: _____

If you marked any of the above categories, please explain:

Do you have and allergies? YES NO If so, what? _____

Do you currently take and medications? YES NO If so, please list:

Note: Certain activities throughout the Fire Academy may involve a high degree of physical exertion. It is recommended that participants with any of the above conditions check with their physician prior to participating in the academy activities.