

EMERGENCY CONTACT FORM (Visiting)

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (middle initial) \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADE: \_\_\_\_\_

PARENTS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

In the event of an emergency, please list an alternative contact in case we cannot reach either parent.

(Please give complete name, address, phone number, and relationship to cadet below)

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We give our permission for our child to visit Sea Cadet Division 9-1-1 at Naval Station Great Lakes