

AFRICANCHILDREN'SCHOIR
Music for Life Institute

Staff/Volunteer Emergency Info

1. Personal Info

Name	Date of Birth
Home Address City, State/PC	
(_____) _____	(_____) _____
Home Phone Number Cell / Mobile	

2. Medical Info

Medical (Insurance) Provider	Contact Info	Policy Number
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Allergies: _____

Medical Conditions:

3. Passport Info

Passport No	Date of Expiry	Nationality
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4. Emergency Contacts

Should anything happen while working with the African Children's Choir / Music for Life Institute, the following people will be contacted in the order provided.

Emergency Contact #1

Name Relationship

Phone Number Alternate Phone Number/Contact Info

Emergency Contact #2

Name Relationship

Phone Number Alternate Phone Number/Contact Info

Emergency Contact #3

Name Relationship

Phone Number Alternate Phone Number/Contact Info

Please hand in original and keep copy.