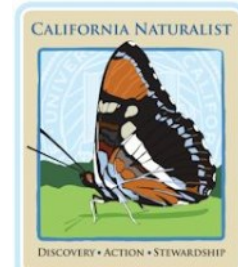




Certified California Naturalist Training Program Emergency Contact Information Form



Participant's Name: _____
Home Phone #: _____
Email Address: _____

Please indicate below the person(s) to be contacted in case of severe illness, accident, or other emergency circumstance. ***Furnishing any or all information on this form is voluntary.*** Information on this form will only be transmitted to other individuals who are deemed appropriate in connection with a health or safety emergency.

Emergency Contact #1:

Name of Contact: _____
Telephone Number: _____
Email Address: _____
Relationship to You: _____

Emergency Contact #2:

Name of Contact: _____
Telephone Number: _____
Email Address: _____
Relationship to You: _____

Other information or instructions in case of an emergency (allergies, medications, contact information for personal physician, etc.)



Certified California Naturalist
Training Program
Emergency Contact
Information Form

