

# Le Roy Farmers' Market

Le Roy, Minnesota



## *Vendor Emergency Information*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies: **YES** or **NO** If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Are you taking any medications? YES or NO**

If yes, please list all medications, including over-the-counter medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**List any other information for emergency personnel** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_