

# LeRoy Farmers' Market



## Vendor Emergency Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_

**Allergies:** YES/NO    *if yes, please describe:*

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

**Taking any medications:** (Optional) YES/NO

*If yes, please list all medications including over-the-counter medications*

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

### Emergency Contacts:

1.) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2.) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Any other information for emergency personnel: