

This is a permanent part of each Explorer's folder and will be updated yearly.

Original Update (___/___/___)

Name: _____

DOB: _____ / _____ / _____

Age: _____

ID# (last 4 of SSN): _____

Your e-mail address: _____

Your cell phone #: _____

Can you receive text messages? Yes No

Medical Conditions: _____

Allergies: _____

Current Medications: _____

Family Doctor: _____

Phone #: _____

Parent/Guardian

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Alternate Contact #1

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Alternate Contact #2

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Notes: _____
