

## Realms of Conflict Emergency Contact Form

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Food/medicine allergies \_\_\_\_\_

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Vital medications \_\_\_\_\_

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Emergency Contact Name \_\_\_\_\_

Relation to you \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Please print this, fill it out, and bring it to game with you if you have not filled it out in the past.