

# Le Roy Farmers' Market

Le Roy, Minnesota



## Vendor Emergency Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

---

---

---

**(OPTIONAL)** Are you taking any medications? YES or NO *If yes, please list all medications, including over-the-counter medications:*

---

---

---

### Emergency Contacts:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Text? YES or NO *(please circle)*

2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Text? YES or NO *(please circle)*

List any other information for emergency personnel:

---

---

---

---