GFWC MOUNT DIABLO DISTRICT EMERGENCY FORM

(Please PRINT information clearly or TYPE)

MEMBER NAME _____ PHONE ( ) _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT RELATIONSHIP TO MEMBER _____

EMERGENCY CONTACT PHONE ( ) _____ CELL ( ) _____

PRIMARY PHYSICIAN NAME _____ PHONE ( ) _____

LIST KNOWN EXISTING HEALTH CONDITION(S) _____

_____

ALLERGIES _____

MEDICATIONS AND DOSAGE (Subject to change so PLEASE resubmit changes)

_____

_____

_____

MEMBER SIGNATURE _____ DATE _____

This information will be used for <u>EMERGENCIES ONLY</u>. Once this form is completed and submitted it will be kept with the Amenities Chairman and copy with the President, in a sealed envelope, clearly marked with member name. This sealed envelope will be given to 1st Responders and/or the Medical personnel assisting member should an emergency arise.