Emergency Information

Club Member: _____

Emergency Contact 1: _____ Relationship: _____

Phone Numbers: _____

Emergency Contact 2: _____ Relationship: _____

Phone Numbers: _____

For Emergency Medical Personnel

Name: _____

Emergency Contact 1:_____Relationship:_____

Phone Numbers: _____

Emergency Contact 2: _____ Relationship: _____

Phone Numbers: _____

Physician Name: _____Phone Number: _____

Chronic Medical Issues/Allergies: _____

Medications: _____

Implants/ Prosthesis: _____

Advance Directives: No: _____ Yes: _____ Health Care Agent: _____

Any other information the emergency medical personnel should know: _____