



Quilt Club

Sun City Summerlin Quilt Club

EMERGENCY CONTACT LIST/ MEDICAL INFORMATION

**** The following information is private and will ONLY be used in the case of EMERGENCY**

(PLEASE PRINT)

Last Name: _____ First Name: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

PRIMARY (LOCAL) EMERGENCY CONTACT

Last Name: _____ First Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

SECONDARY EMERGENCY CONTACT

Last Name: _____ First Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION (COMPLETE AS YOU FEEL COMFORTABLE)

I have the following (check/complete as appropriate):

☐ NO, I do NOT have a 'DO NOT RESCITATE' Order

☐ YES, I have a 'DO NOT RESCITATE' Order, located at: _____

☐ I have a Medical Power of Attorney (POA) assigned to:

POA Name

POA Phone Number

Sex: ☐ Female ☐ Male ☐ Other

Date of Birth: _____

Conditions/Illnesses/Allergies: (I want disclosed to Medical Emergency Personnel)

☐ I prefer to NOT disclose medical information.

Preferred Hospital: _____

I understand if emergency medical care is required for myself, I authorize the release of the above information ONLY to appropriate emergency medical providers. I further authorize the above Emergency Contacts to be informed of my condition. I understand this information is confidential in nature and will be safeguarded.

Signature

Date