

Emergency Medical Form

Please complete ONE form per membership (Family, Couple or Single)*

* If members do not have medical problems, allergies, or conditions, you may use one form for all members listed below. If a member has a medical condition that should be known, please make additional copies of this form for each member with an exception.

Adult Member Names: _____ List All Children: _____
Last, first _____
Last, first _____
Primary address: _____
Home telephone: _____
work phone #1: _____ work phone #2: _____
cell phone #1: _____ cell phone #2: _____

**Other contact (name, relationship and phone number) _____

**To enable members to authorize emergency treatment for family members who become ill or injured while under club authority, when emergency contacts above cannot be reached.

PART I or PART II MUST BE COMPLETED

PART I TO GRANT CONSENT

In the event reasonable attempts to contact all emergency contacts listed above have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by:

Dr. _____ (preferred physician),
_____ (phone number)
or by Dr. _____ (preferred dentist),
_____ (phone number)

Or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the member to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Please indicate facts regarding a members medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Member Signature Member Signature Date

PART II REFUSAL TO CONSENT

(DO NOT COMPLETE PART II IF YOU COMPLETED PART 1)

I **DO NOT** give my consent for emergency medical treatment of my family member. In the event of illness or injury requiring emergency treatment, I wish the club authorities to take no action or to: _____

Member Signature Date