

HORIZON CLUB

P. O. Box 1165 Newburyport, MA 01950
Emergency Form

Date: _____

Name: _____

Address: _____ **Zip:** _____

Phone: _____

Date of Birth: _____

Name of Emergency Contact: _____

Emergency Contact phone: _____

Local Physician Name & phone: _____

List any **medical conditions** that we should be aware of. i.e., seizures, allergies, diabetes

List medicines you take regularly.

Transportation Provided By:(please check all that apply)

Who else can provide transportation:

Name & Phone # _____

Thank you for your cooperation. This will help us and you in the event of an emergency.

PLEASE SUBMIT THIS FORM WHEN YOU SIGN UP AS A MEMBER