



# Sierra Madre Woman's Club EMERGENCY CONTACT INFORMATION

Club Year \_\_\_\_\_

Please Print Neatly

**YOUR Name** \_\_\_\_\_ **YOUR Phone Number** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

EC's Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Known Existing Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

**Medications** (please list all medications & dosages as well as nutritional supplements)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


After completing this form, please place in small envelope & seal. Clip & Paste / Tape the label below to the envelope's front. Place it inside a larger envelope. Under your return address, Write in **ECI**. Address envelope to:  
**Membership Chair, c/o SMWC, 550W. Sierra Madre Blvd., Sierra Madre, CA91024.**  
Mail or hand deliver to SMWC mailbox. Envelopes will be kept securely at the clubhouse.



**Small Envelope Address Label** →

This label on the outside of the smaller envelope allows us to call someone immediately for help / advice if there is a problem.

**If we need to call 911**, the sealed envelop with the medical info page - above the line - will be given to those Emergency Medical personnel.

	Club Year _____
Your Name _____	
<b>YOUR EMERGENCY CONTACT(S) INFORMATION</b>	
<b>Contact #1 Name:</b> _____	
<b>Relationship:</b> _____	
<b>Home Phone:</b> _____	<b>Cell:</b> _____
<b>Contact #2 Name:</b> _____	
<b>Relationship:</b> _____	
<b>Home Phone:</b> _____	<b>Cell:</b> _____