



Sierra Madre Woman's Club's EMERGENCY CONTACT INFORMATION

2020-2021

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 **EIC**. Address envelope to:
Beverly Clifton, c/o SMWC, 550W. Sierra Madre Blvd, Sierra Madre, CA 91024.
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 envelope with the medical info page - above the line - will be given to those Emergency Medical personnel.

	2020-21
Your Name _____	
YOUR EMERGENCY CONTACT(S) INFORMATION	
Contact #1 Name: _____	
Relationship: _____	
Home Phone: _____	Cell: _____
Contact #2 Name: _____	
Relationship: _____	
Home Phone: _____	Cell: _____