

Emergency Contact Information
Bittersweet Garden Club

Member's Name: _____

In case of an emergency, I hereby give permission to contact the following:

Personal Contacts:

Primary Contact: _____

Primary contact's cell phone number: _____

May primary contact be reached by text? Yes____ No ____

Primary contact's alternate phone number: _____ (home, work, other)

Primary contact's email address: _____

Relationship to me: _____

Secondary Contact: _____

Secondary contact's cell phone number: _____

May secondary contact be reached by text? Yes____ No ____

Secondary contact's alternate phone number: _____ (home, work, other)

Secondary contact's email address: _____

Relationship to me: _____

Physician Contact

Physician's name: _____

Physician's phone number: _____

Physician's city: _____

Physician's practice group: _____

(Optional) Any other health information you would like to voluntarily give medical personnel, if needed.

Signature

Date