

Hickory Hill Member Family Emergency Contact Form

Member Name: _____

Address: _____

Family Members: (Include ages of children, and last name, if different)

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Other Emergency Contact Name/Phone Number in case a parent cannot be reached
(Preferably a club member who knows your child):

List all known allergies or other pertinent medical information:

Emergency Medical Authorization:

In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport the minor(s) to any reasonably accessible hospital facility.

Signature: _____ Date: _____

Refusal to Consent:

I DO NOT give consent for emergency medical treatment of my minor(s). In the event of illness or injury requiring emergency treatment, I wish the person(s) in charge to take no action or to:

Signature: _____ Date: _____