

Silver Fox Club Member

Emergency Information

Date _____

Full Name: _____ (please print)

Who to call (family or friend) in case of emergency:

Name: _____

Phone: _____

Preferred Hospital: _____

Primary Care Physician: _____

Current Medications: _____

Any other important information we should know about you in case of an emergency?

Would you like this sheet back at the end of the trip _____

Or should we shred it for you _____

Or should we keep it on file for the next trip _____

Signature _____