

SAN JUANDERERS' EMERGENCY CONTACT INFORMATION – 2008

Note: Each coach should have this information posted on the front of the refrigerator or contained in a Zip Lock bag or other well-identified container in the door compartment of the refrigerator.

Member #1

Name: _____ Date: _____

Primary Care Physician: _____ Phone # (____) _____

Emergency Contacts:

Name: _____ Phone # (____) _____

Address: _____

Name: _____ Phone # (____) _____

Address: _____

Current Medications (include name, dosage, & directions):

Medication Allergies, if applicable:

Member #2

Name: _____ Date: _____

Primary Care Physician: _____ Phone # (____) _____

Emergency Contacts:

Name: _____ Phone # (____) _____

Address: _____

Name: _____ Phone # (____) _____

Address: _____

Current Medications (include name, dosage, & directions):

Medication Allergies, if applicable: