

SADDLEBROOKE HIKING CLUB EMERGENCY INFORMATION
(PLEASE UPDATE THIS FORM WHEN YOUR INFORMATION CHANGES)

Member Name: _____ Date: _____

Address: _____

Phone: Home: _____ Cell: _____

DOB: _____ Blood Type: _____

Medications: _____

Are you taking anticoagulants? Y / N Drug name(s) _____

Are you taking daily Aspirin? Y / N

Medical History/Conditions: (Circle those that apply)

Diabetic Heart Disease /past Cardiac surgery High BP Asthma Pulmonary disease

Please identify any other chronic diseases: _____

Allergies: Please list any food, drug or insect allergies: _____

Do you use or carry an EpiPen? Y / N Nitroglycerin? Y / N

1st Emergency Contact & Relationship: _____

Phone: Home _____ Cell _____

2nd Emergency Contact & Relationship: _____

Phone: Home _____ Cell _____

For the protection of our members, the SaddleBrooke Hiking Club requests that each member provide the personal information outlined on the above form. In case of emergency, this information could prove invaluable to you and your hiking companions.

Fill the form out, cut it along the boundary lines, fold it in half and in half again. Insert it between the name tag sheets in your clear vinyl Hiking Club ID tag holder.