Discovery Bay Women's Club
Emergency Contact Information

Date _____

Member Name _____ Site #(s) _____

In the event that you become seriously ill or injured and are not able to act on your own, Discovery Bay Women's Club representatives need to know whom to contact on your behalf. Please complete the information below and deliver it to the office as soon as possible.

This information will be placed in your confidential site file in the DBWC office. If for any reason the emergency contact name or number changes, please advise the off staff of these updates.

Emergency Contact Name: _____ Phone _____

Emergency Contact Email Address: _____

2nd Emergency Contact Name: _____ Phone _____

2nd Emergency Contact Email Address: _____

Do you have any medical conditions or allergies that you would like shared with medical personnel? Do you have information at your site that you would want given to first responders? If so, where may it be found?

For Pet Owners

In case of an emergency where you are not able to care for your pet, who is your "Pet Contact"?

Emergency Contact Name _____Phone _____

List each pet's name and any medical conditions or special instructions for the care of that pet:

_____

_____

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