

**SUN CITY RV CLUB, LLC
EMERGENCY MEDICAL INFORMATION
FOR CARAVANS, RALLIES & DAY TRIPS**

NAME & NUMBER OF CARAVAN/Rally: _____ **TRIP#:** _____ **DATE:** _____

Please provide emergency phone numbers of a relative or friend we could contact should the unlikely need arise. This emergency information is to be held by the Wagon Master.

YOUR RV: Description, Make _____

COLOR, (ALL UNITS) ETC. _____

PLEASE PRINT CLEARLY:

PERSON TO CONTACT: _____

PHONE: _____ **RELATIONSHIP:** _____

SECOND PERSON TO CONTACT: _____

PHONE: _____ **RELATIONSHIP:** _____

Each person in Party should fill out:

Name: _____

Name: _____

Known Allergies: _____

Known Allergies: _____

Medications Taken Daily: _____

Medication Taken Daily: _____

Known Illnesses/Problems: _____

Known Illnesses/Problems: _____

Primary Physician: _____

Primary Physician: _____

Phone _____

Phone _____

We understand this is a minimum medical/emergency information record to be used by persons who can help me in an emergency. It is not designed to be a complete medical record.

Each Person going on the caravan/rally/bus needs to sign this form.

Date _____ Signature _____

Date _____ Signature _____