



Emergency Contact & Health Information Form

Child's Name _____

Child's DOB _____

Membership # _____

Parent Contact Information

Parent/Guardian #1

Name: _____ Home Phone #: _____

Business #: _____ Cell #: _____

Home Address: _____

Parent/Guardian #2

Name: _____ Home Phone #: _____

Business #: _____ Cell #: _____

Home Address: _____

Parent/Guardian #3

Name: _____ Home Phone #: _____

Business #: _____ Cell #: _____

Home Address: _____

2 Additional Emergency Contacts & Info

Name: _____ Home Phone #: _____

Business #: _____ Cell #: _____

Home Address: _____

Relationship to child: _____

Name: _____ Home Phone #: _____

Business #: _____ Cell #: _____

Home Address: _____

Relationship to child: _____

Insurance Info

Company: _____ Policy #: _____

Preferred Hospital: _____

Health Conditions

Allergies

Special Dietary Concerns, etc.

Authorization of Treatment: I hereby give my permission to the medical personnel selected by The Cottonwood Country Club, or its representatives, to order emergency treatment and/or necessary transportation for my child. This authorization applies only in the event that neither Parent/Guardian can be reached in the case of an emergency.

Parent/Guardian Signature:

Name (print): _____ Date: _____

Signature: _____