

Sardis Medical and Member Information Form

THIS INFORMATION IS REQUESTED FOR ALL MEMBERS AND THEIR FAMILIES

Member Last Name	Member First Name	Spouse Name
Home Phone # _____		
Home Address _____		
Street	City	Zip

In case of an emergency and parent(s)/spouse cannot be reached, the following information is required:

	Member Name	Spouse Name
Date of Birth		
Employer's Name		
Work Phone #		
Other Phone # (if applicable)		
List Allergies (including bee stings)		
Hospital Preference		
Family Emergency Contact (other than parents)		
Phone		

	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name
Date of Birth						
List Allergies (including bee stings)						
Will have epi pen or inhaler w/them						

I/We hereby give permission to the Sardis Swim & Racquet Club Manager and/or Assistant Manager to seek medical attention on my behalf and/or my child/children's behalf and to provide transportation to take me and/or my child/children to the hospital or other medical treatment facility for treatment.

Member's Signature _____ Spouse's Signature _____
 Date: _____ Date: _____

These forms will be kept private