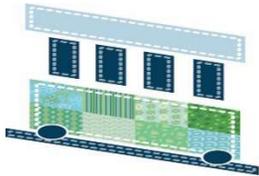


IN CASE OF EMERGENCY (Please Print)



Cable Car Quilt Guild

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME # _____

CELL # _____

EMERGENCY CONTACT INFO

NAME _____

RELATIONSHIP _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME # _____ CELL # _____

NAME _____

RELATIONSHIP _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME # _____ CELL # _____

MEDICAL CONTACT INFO

DOCTOR _____ PHONE _____

DENTIST _____ PHONE _____

HOSPITAL PREFERENCE _____ PHONE _____

ALLERGIES _____

MEDICATIONS _____

By completing this form, I give permission to Cable Car Quilt Guild officials to use this information in case of an emergency. This form will be kept in a sealed envelope unless I have a medical emergency, then the information is necessary. In the event of an emergency, I give the Cable Car Quilt Guild officials permission to open and view this information and call 911 or otherwise contact the persons listed herein and take any necessary actions to medical attention for me. I agree to indemnify and hold harmless Cable Car Quilt Guild and their directors, officers and members for any action taken in regard to a medical emergency.

SIGNED _____ DATE _____