



Membership Name: _____
Membership Number: _____

Medical Information

Medical Information is collected for Members, Co-Members and Additional Family members to assist the lifeguards and management in an emergency situation. Please provide information you feel will be helpful if emergency services needs to be contacted.

Name: _____
Allergies to Medications: _____
Ongoing Medications: _____
Medical Conditions or concerns: _____

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Name: _____
Allergies to Medications: _____
Ongoing Medications: _____
Medical Conditions or concerns: _____

Doctor's Name and Phone Number: _____
Dentist's Name and Phone Number: _____
Other Information: _____

