

The following information may be necessary in the event of an EMERGENCY. Please complete this form for each person in your MOTORHOME. In case of an EMERGENCY, this form will be easily located if everyone places this form and the RED CROSS in a "ZIP-LOC" bag, and puts the bag in the freezer compartment of the refrigerator in their MOTORHOME.

Date \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
(M - F) (Month) (Day) (Year)

Blood Type \_\_\_\_\_

Do you wear: Dentures \_\_\_\_\_ Bridges \_\_\_\_\_ Contacts \_\_\_\_\_ Glasses \_\_\_\_\_ Hearing Aids \_\_\_\_\_ Prosthetics \_\_\_\_\_

Any recent surgery? Explain \_\_\_\_\_

[illegible]

1. \_\_\_\_\_

1. \_\_\_\_\_

Revised 5/04  
Lazy Daze Caravan Club