



EMERGENCY MEDICAL INFORMATION

Resident Information

Full Name: _____ Nickname: _____

Date of Birth: _____ Cell Phone: _____

Permanent Address: _____

Email: _____

New Member Class: _____ Officer Position: _____

Emergency Contacts

Name: _____ Relation: _____

Address: _____

Phone (home): _____ Phone (work/cell): _____

Name (other than above): _____ Relation: _____

Phone (home): _____ Phone (work/cell): _____

Medical Information

Diagnosed medical conditions I have or am being treated for that emergency personnel assisting me should know:

Medications I am taking that emergency personnel assisting me should know:

Consent for Emergency Treatment

If it is determined that I am in need of immediate medical assistance, I understand that I will be transported by car or ambulance to the nearest emergency facility/hospital. I authorize and direct the attending physicians on duty to perform emergency treatment on my behalf and contact my emergency contact on file. I further authorize that my emergency contact can be notified if medical attention is sought.

Resident Signature: _____ Date: _____

Consent to Communicate with Emergency Contact – COVID-19 Pandemic

If it is determined that I am showing symptoms of COVID-19 or have tested positive, I understand that my emergency contact may be notified. I authorize the Tri Delta representative to contact my emergency contact on file.

Resident Signature: _____ Date: _____