Chatham Sailing Club

EMERGENCY CONTACT FORM

Instructions:

- Please fill in the following form. This is for emergency use only.
- This information will remain private that you will hold on you. Put into an envelope identified by your name, and place in zip lock bag.
- Upon start of the class, identify to the Instructor where this envelope is stored, e.g., in your backpack.

PLEASE PRINT

Date	5 Aug 26
STUDENT NAME	Scott Adams
Address	249 Exley Rd. S. Rincon GA. 31326
Primary Phone [type]	912-655-3838
Alt Phone [type]	912-271-4081
EMERGENCY CONTACT NAME	Tracie Adams
Primary Phone [type]	912-656-9307
Alt Phone [type]	
PRIMARY PHYSICIAN NAME	Dr. Russell Sliker M.D.
Office Phone	912-748-2280
Existing Conditions	None
List Current Medications	None
Allergies To Medications	None Known
Special Notes Or Concerns	N/A

Use the back of form for additional space.