

SUNSCAPE RV RESORT

Emergency Information

(To assist us in case of an emergency, please complete the following. All information will be kept strictly confidential.)

Date: ___/___/___

Host: _____

Site #: _____

Names: _____

Permanent mailing address:

Phone no.: _____ Cell phone: _____ Local phone: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____

Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____

I DECLINE TO GIVE OUT THIS INFORMATION – INITIAL: _____

OPTIONAL:

Physician's name: _____ Phone: _____

Possible medical problems we should be aware of:

Thank You

Signature: _____