NC Railway Museum / New Hope Valley Railway

Emergency Information

Form Completion Date:_____ Expiration Date (if applicable):_____

Name:_____ Normal Work Location:_____

Home Address:
Street:_____ Home Phone Number:_____

City/Zip:_____ Cell Phone Number:_____

Date of Birth:_____ Driver's License Number:_____

In the event of A TRUE MEDICAL EMERGENCY, who should the NCRM notify? (Note: The second person will be notified only if attempts to reach the first person are unsuccessful.)

1. Name:_____ Relationship:_____

   Address:_____ Home Telephone:_____

   Work Phone Number:_____ Cell Phone Number:_____

2. Name:_____ Relationship:_____

   Address:_____ Home Telephone:_____

   Work Phone Number:_____ Cell Phone Number:_____

Do you have a personal physician whom you want to be notified in the event of a medical emergency?
Yes [ ] No [ ]

Name:_____ Phone Number:_____

In the event that transport to a medical facility is necessary, do you have a hospital of choice? If so, please list here:_____

PLEASE CONTINUE WITH VITAL MEDICAL INFORMATION ON BACK!

Known Allergies:_____

MEDICAL HISTORY (including current medications):_____

_____

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