

Thimbles and Friends Quilt Guild
Health and Emergency Information

Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number (____) _____ **Birthdate** ____ / ____ / ____

Emergency Contact Information

Name: _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone Number (____) _____

Medical conditions (diabetes, heart disease, stroke, etc.):

Allergies:

Medications:

Other: