

Emergency Information Form
101ST SESSION OF THE SUPREME ASSEMBLY
SOCIAL ORDER OF THE BEAUCEANT
Atlanta Marriott Northeast/Emory
2000 Century Boulevard NE
Atlanta, Georgia
September 25-October 1, 2022

(Please note, this information is confidential and is only to be used for your safety and protection)

Last Name: _____ First Name: _____

Complete Address: _____

Assembly Name and Number: _____ State: _____

IF NOT STAYING AT THE ATLANTA MARRIOTT NORTHEAST/EMORY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of Place Staying: _____ Phone: _____

Street Address: _____

Is there anyone with you that knows your medical conditions and could accompany you for emergency services?

Who: _____ Where are they staying: _____

List any health conditions (i.e. Heart Condition, Diabetes, Physical Handicap, etc.) _____

Are you allergic to any medications? If so, please indicate here: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Phone: _____

Relationship to you: _____ Cell Phone: _____

IN THE EVENT THIS PERSON IS NOT AVAILABLE, WHO ELSE CAN BE CONTACTED?

Name: _____ Phone: _____

Relationship to you: _____ Cell Phone: _____

The local Certified Emergency Medical Personnel will be called for all emergencies. The above information will be made available to them and to the Hospital involved, should that be necessary. It is private information, subject to the Federal Health Privacy Policies and will be honored as such.

Please include this form with your Advanced Registration Form and mail to:

(Mrs. Joseph D.) Terry Westbrook
Supreme Registration Chairman
190 Roxanne Street
Brunswick, GA 31523-1130
tpwestbrook19@yahoo.com