

LIONS SUNSHINE LIFE EVENTS INFORMATION FORM

(ILLNESS / INJURY)

Please check the appropriate box and provide all applicable information.

Illness / injury

Nature of illness / injury: _____

Lion Member: Mr. / Ms. / Mrs. _____

➤ Club: _____ Lions Member since: _____

Lion Member Family: Mr. / Ms. / Mrs. _____

➤ Name of Lion Member & Club: _____

➤ Relation to Lion Member: _____

Photo attached

Prefer not to provide a photo

Hospital / Rehabilitation facility information:

➤ Where: _____
(Name of hospital or rehabilitation facility, room number, and complete address - number, street, city, zip code)

➤ When: _____
(Start & end dates, start & end time of visits)

➤ Contact number: _____
(Hospital or rehabilitation facility number)

Other instructions/ remarks: _____

(Ex. Does the patient wish to accept visitors, phone calls, get-well cards, flowers, etc.)

Please send get-well cards, letters, flowers, etc. to:

➤ Representative: _____

➤ Mailing address: _____

(Complete address - number, street, city, zip code)

➤ Contact number/s: _____

PERMISSION TO PUBLISH THE ABOVE LIFE EVENT INFORMATION AND PHOTO IS GRANTED TO LIONS CLUB - SUNSHINE & PR by:

Authorized family representative: _____

Form completed and submitted by:

➤ Name of Lion Member: _____

➤ Club & Position: _____

➤ Date submitted: _____

