Medical Information

Your Health And Safety Are A Major Concern

Most of us are aware of how suddenly a medical crisis can arise. Anytime you travel it is a good idea to carry your basic medical information with you in case you need to visit an emergency room. We do have volunteers with medical and First Aid backgrounds that serve as First Aid personnel. If you have a condition or take medication Paramedics need to know about, Please fill out THE FOLLOWING INFORMATION AND BRING IT WITH YOU TO THE LAND SITE. PLEASE TURN THIS FORM IN WHEN YOU REGISTER. YOU MAY PLACE THE FORM IN A SEALED ENVELOPED MARKED WITH YOUR NAME AND "MEDICAL" IF YOU WISH; YOU MAY PICK UP THE ENVELOPE WHEN YOU LEAVE; OTHEREWISE WE WILL DESTROY ALL ENVELOPES AND MEDICAL FORMS AT THE COMPLETION OF THE EVENT.

| Full Name: | | | | |
|--|---------------------------------------|--|--|--|
| Address: | | City: | State: | |
| Primary Doctor: | | Phone Numb | Phone Number: | |
| Emergency Contact: | | Primary Pho | Primary Phone: | |
| Emergency Contact Relationship: | | Alternate Ph | Alternate Phone: | |
| Please list any medical con heart condition, high blood | | 3 | e aware of such as diabetes, to medication: | |
| Please list what medication | s you are taking. | Include the dosage and a | amount taken: | |
| Medication | <u>Dosage</u> | Amount & When | | |
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| Pl | ease use the ba | ack of this page if need | ed. | |
| feel you need medical atter | ntion or if a cam ital in Cameron. | per wishes to have medic Be sure to bring your Me | have the final word. If they cal treatment, we will trans- dicare or Medicaid Card and | |
| Signature: | | Date: | | |
| Povisod May 21 2007 | | | Dago 1 of 1 | |