

EMERGENCY MEDICAL FORM

Current date

Name

Age

Birthdate

Emergency Contact:

Phone:

Primary Physician/Clinic

ILLNESSES/CONDITIONS: Please check No or Yes. If Yes, please Explain

Asthma: No [] Yes [] _____

Heart defect/disease: No [] Yes [] _____

Seizures/headaches: No [] Yes [] _____

Diabetes: No [] Yes [] _____

Musculoskeletal concerns: No [] Yes [] _____

Other illnesses or injuries that may affect ability to hike No [] Yes [] _____

BLOOD TYPE _____ (A+, A-, B+, B-, O+, O-, AB+, AB -)

IMMUNIZATIONS - is DTP or tetanus up to date? _____

ALLERGIES which require special care? _____

Do you carry Epipen or antihistamine with you? _____

Current Medications with dose & dispensing info. Indicate which ones you carry with you in your pack

_____	_____
_____	_____
_____	_____
_____	_____

Continue on back with any additional information helpful for providing emergency care.

Please fold & put in plastic zip lock bag and place in top pocket of your pack. This information is confidential and will only be used if you are injured on the trail and rescuers need access to this information to help you.

Please update when information changes.

Carry your insurance card with you.