

EMERGENCY MEDICAL FORM

Fill out one form for each participant. Place form in an envelope and seal. Place your **names on the outside of the envelope** and return them to the caravan leader. The envelope will be **returned to you at the Farewell Banquet** if not required.

Name: _____ WBCCI# _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____
Address: _____ Phone: () _____
Family Physician: _____ Phone: () _____
Address: _____

MEDICAL INFORMATION:

(Specific Health issues, i.e., Cardiac Disease; Diabetes; Chronic Obstructive Pulmonary Disease; Circulatory Problems; Chemotherapy - past or present; Recent surgery; Urological disorder; etc.)

ALLERGIES:

(Foods, Medicines, Plants, Insect Bites, etc.)

CURRENT MEDICATIONS:

(Indicate **Dosage** and **Frequency** of use)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Second participant please fill out form on reverse side.)