

# Confidential Emergency Medical Information

Please fill in the applicable fields. **You must bring completed form on Orientation Day.**

<b><u>Place Label Here</u></b>
Participant #: _____
Last Name: _____
First Name: _____

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**List Medications:** (attach separate sheet if necessary)

Allergies: (foods, environmental, medicine) \_\_\_\_\_ Do any meds need refrigeration?: Yes \_\_\_ No \_\_\_ (please \* med if yes)

**List Significant Medical History:** (attach separate sheet if necessary)

Do you have any of the following: Diabetes \_\_\_ Epilepsy/Seizures \_\_\_ Bleeding/Clotting Disorder \_\_\_ Asthma \_\_\_ Heart Disease \_\_\_ HIV/AIDS \_\_\_  
Please list any special medical needs you may have while on the Ride: (attach separate sheet if necessary)

Emergency Contact:

Primary Care Physician(s):

Is there anyone on the Ride who we can contact in case of emergency?

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Yes \_\_\_ No \_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

If yes: Rider/Crew #: \_\_\_\_\_

Phone number (DAY): \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number (NIGHT): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Information:

Please list any special medical needs you may have while on the Ride: (attach separate sheet if necessary)

Company: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_

*I hereby release the above information to the SMART Ride Medical Director and any other personnel who may need to care for me on the Ride.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_