

# Emergency Medical Information

The following information will be used only in emergencies.

Your name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Emergency contact/phone: \_\_\_\_\_

Back-up emergency contacts/phones: \_\_\_\_\_

\_\_\_\_\_

Doctor/phone: \_\_\_\_\_

Insurance company/policy #: \_\_\_\_\_

Pertinent medical conditions (asthma; diabetes; heart disease; seizures; allergic reactions to medicines, bee stings, food, plants, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am taking the following medicine: (Bring Epi sticks and any other necessary meds with you)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give medical personnel permission to discuss my condition with *Trailbound Trip* guides, and the following people: (list phone #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_