

SPECIAL NEEDS YOUTH SPORTSMEN, INC.

Confidential Emergency Medical Information

Each participant (hunter, guide, parent, or other volunteer participant) is requested to complete this form. The purpose of this form is to have available medical information such as medical history, medications, allergies, etc, in case you would require emergency medical care. The completed form will be sealed in an envelope and placed in a box and kept in a secure location by the medical officer. The envelopes will be opened only in the event you require emergency medical treatment and/or transportation. At the conclusion of this event on Saturday, October 17, you are requested to pick up your envelope. All envelopes left will be destroyed.

Name _____ Age _____

Address _____

Name of Person to contact in the event of a medical emergency involving you

_____ Phone # _____

Alternate Phone # (pager, cell phone, etc.) _____

Alternate Person _____

Phone #s _____

Medical History

Are you a Diabetic Yes ___ No ___ If yes, do you take Insulin Yes ___ No ___

List all medical conditions you have been or are currently being treated for that should be known in the event of a medical emergency. _____

List any allergies to medicine _____

List all medications you take (include dosages if possible) _____

Do you have any other special concerns such as allergies to bee stings, etc?

If yes, please list _____

Name of personal physician _____ Phone # _____