



DEPARTMENT OF EARTH SCIENCES

Medical Information for Participants Identifying Themselves with a Medical Condition

+ Emergency Medical Information +

Course Number
or Name of Activity

Date Completed:

In an emergency when I am unable to communicate or am unconscious, please use the information on this form to provide appropriate care.

Personal Identification:

Name:

Address:

Telephone:

My Doctor:
(if known)

Address:

Telephone:

Notify in an Emergency:

Name:

Address:

Telephone:

Any Other Relevant
Information

Medical Information:

I have no known medical conditions.

Present Medical Conditions:

Medications Taken Regularly:

Allergies:

Other Important Information:

Comments: