

MEDICAL EMERGENCY INFORMATION

This is an OPTIONAL form. The Sailing Club encourages all trip participants to fill it out prior to our trips and place in a sealed envelope with your name and "MEDICAL INFO" on the outside; keep it easily accessible in your luggage/cabin. Let the skipper know where it is kept or if you prefer let a crew member on your boat know. **In the event Emergency Medical Services are required, this information could significantly improve the care you receive. This is the information pre-hospital EMS wants on every call they make! ** Use it at home too! ****

PLEASE PRINT

Name:	
Address:	
Phone:	
Date of Birth:	Age:
Current Meds: _____	

Allergies: _____	
Med History: <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> CVA/TIA(stroke) <input type="checkbox"/> Pacemaker <input type="checkbox"/> MI (heart attack) <input type="checkbox"/> Hypertension (High BloodPressure) <input type="checkbox"/> Low BP <input type="checkbox"/> Epilepsy/Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> A-fib Other:	
Primary Medical Dr:	Phone:
Emergency Contact Name:	Phone: Relation: