

Nor By Nor' East National Caravan
EMERGENCY MEDICAL FORM

Fill out one form for each participant. Place form in an envelope and seal. Place your names on the outside of the envelope and return them to the Caravan Leader upon your first meeting. The envelope will be returned to you unopened at the Farewell Banquet if not required. Fill out one of these forms for each traveler.

Name: _____ WBCCI# _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____

Address: _____ Phone: () _____

Name: _____ Relationship: _____

Address: _____ Phone: () _____

Family Physician: _____ Phone: () _____

Address: _____

MEDICAL INFORMATION:

(Specific Health issues, i.e., Cardiac Disease; Diabetes; Chronic Obstructive Pulmonary Disease; Circulatory Problems; Chemotherapy - past or present; Recent surgery; Urological disorder; etc.)

ALLERGIES:

(Foods, Medicines, Plants, Insect Bites, etc.)

CURRENT MEDICATIONS:

(Indicate Dosage and Frequency of use)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please Note Here If You Have CT Scans, Xrays, etc. With you: _____