

# Sandy Run Scullers Emergency Care Form

**Participant's Name:**

Last, First, Middle : \_\_\_\_\_

DOB: \_\_\_\_\_

**List two persons to call in an emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> allergies (be specific)                     | <input type="checkbox"/> glasses          | <input type="checkbox"/> contacts     |
| <input type="checkbox"/> foods _____                                 | <input type="checkbox"/> hearing problems | <input type="checkbox"/> hearing aids |
| <input type="checkbox"/> medicines _____                             | <input type="checkbox"/> diabetes         |                                       |
| <input type="checkbox"/> bee stings/insects _____                    | <input type="checkbox"/> cancer           |                                       |
| <input type="checkbox"/> other _____                                 | <input type="checkbox"/> seizures         |                                       |
| <input type="checkbox"/> asthma                                      | <input type="checkbox"/> hemophilia       |                                       |
| <input type="checkbox"/> heart problems (be specific) _____          |   |                                       |
| <input type="checkbox"/> physical disability (be specific) _____     |   |                                       |
| <input type="checkbox"/> respiratory (be specific) _____             |   |                                       |
| <input type="checkbox"/> other health conditions (be specific) _____ |   |                                       |

**Sandy Run Scullers have permission, in an emergency, to take me to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatments which a physician deems necessary for my well being.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_