

## Emergency Medical Information

In the event of a medical emergency, we will need emergency contact information, and we may need to provide the doctor with medical information. **This form is required and confidential.** We will not use or distribute this information to anyone except in a medical emergency. At the end of the field school, the form will be destroyed.

**Please fill out this form and email it to Alicia Boswell: [boswell@savethemoche.org](mailto:boswell@savethemoche.org)**

**Name** \_\_\_\_\_

### Allergies

Please list any allergies you may have. Especially important are allergies to drugs or food. If you are unsure about these, please check with your parents or doctor.

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**Are you allergic to bee stings \_\_\_\_\_ or wasp stings \_\_\_\_\_ or any other insects (list)**

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### Medication

Please list any medications you are currently taking.

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### Pre-existing conditions

Do you have any pre-existing medical conditions or disabilities that we should know about (including diabetes, asthma, etc.)?

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## Emergency Medical Information

**Name** \_\_\_\_\_

### **Diet Restrictions**

Do you have any food allergies or other dietary restrictions?

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**Are you a vegetarian?** \_\_\_\_\_ **If yes, will you eat fish?** \_\_\_\_\_ **or chicken?** \_\_\_\_\_

### **Anything else?**

Is there anything else we should know about in case of a medical emergency?

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### **Contact Info**

Please list the name and phone number of someone we should contact in case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone number \_\_\_\_\_ Email \_\_\_\_\_

Cell phone number \_\_\_\_\_

Work phone number \_\_\_\_\_